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REPORTS FROM THE FOLLOWING HOSPITALS, INSTITUTIONS, AND SOCIETIES, HAVE APPEARED IN THIS VOLUME.

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U. S. GENERAL HOSPITAL, WASHINGTON, D. C.

Original Lectures.

LECTURES ON NEW REMEDIES AND THEIR THERAPEUTICAL APPLICATIONS.

DELIVERED AT THE

NEW YORK MEDICAL COLLEGE AND CHARITY HOSPITAL.

By SAMUEL R. PERCY, M.D.,

PROFESSOR OF MATERIA MEDICA AND THERAPEUTICS.

LECTURE I.

IODIDE OF IRON.

GENTLEMEN:—It is not known how long iron has been used in medicine, but the Greeks, who had the vanity to claim every good invention or application as their own, seem to have discovered the use of iron in medicine; but they must first procure for it the sanction of some deity; in this instance the deity personated a vulture—a fit emblem of the ravenous propensities of their priest-doctors.

It is said that a shepherd, who professed to be possessed of supernatural powers (a kind of ancient clairvoyant), was appealed to by a young prince for a remedy to relieve him of impotence. This young prince, Iphicles, the son of Philacus, was unable to perform his marital duties. In this state of things the sages were right in inducing him to pay a solitary visit to his uncle. While from home, enjoying the bracing air of the hills, and practising forced abstinence, he met the shepherd Melampus, who for his benefit slaughtered two bulls. The intestines of these two bulls were cut in pieces so as to entice the birds to an augury. Among those which came to the feast of these delicate and savory morsels, was a vulture, which in payment for the feast informed Melampus that the young prince Iphicles had, when a boy, stuck a knife, wet with the blood of some rams, into a consecrated chestnut tree. The bark of the tree had subsequently grown over the knife and inclosed it. The vulture disclosed the place where it was hidden, and directed that the rust should be scraped off, and put into wine; this was to be drunk for ten days (of course under the usual close sacerdotal watchings), in which time he would recover from his impotence, and be capable of begetting children. The advice thus given to young Iphicles was followed with perfect success.

Let us turn to the special consideration of the iodide of iron. Dr. A. T. Thomson of London first brought this substance before the profession in a pamphlet written in 1834, entitled "Observations on the Preparation and Medicinal Employment of the Ioduret and Hydriodate of Iron." But it was used previously by Dr. Parquin in 1824, and by Prof. S. Jackson in 1832.

There are various officinal formulæ for the preparation of this substance, all of which aim to its preparation with the least possible exposure to the air. In preference to any of them, I will give you the one I have been in the habit of using since the autumn of 1838, as it differs a little in the manipulations from those usually employed. This substance is always best when freshly prepared, and it is well, therefore, to make but a small quantity at any one time.

Introduce into a Florence flask ℥iv. of distilled water, and ʒvj. of clean iron turnings, and add gradually iodine in quantity of about ʒj. at a time, until ʒij. of iodine have been introduced. A new portion of iodine should not be added until the previous one has entered into combination, for if too much iodine is added, the action is too energetic, great heat is evolved, and vapor of iodine is given off in abundance. After all of the iodine is added, the solution remains for a time of a dark brown color, but by agitation changes to a deep green. It should then be boiled for some minutes, and filtered, while hot, into a clean Florence flask. It is desirable to filter quickly, and partly for this object, and partly to avoid decomposition, I have always used four small iron rods between the funnel and the filtering paper. These rods are suspended in the funnel by being bent at the upper end, and thus are supported by the edge of the funnel. Care is required in pouring the hot solution into the paper filter, lest it be broken. It should be conducted by means of an iron rod upon the upper portion of the filter. After it is all filtered into the clean flask, a rod of iron wire is suspended, by being bent at the extremity, from the top of the flask, but it should be too short to touch the bottom. The solution is now allowed to boil slowly until it begins to assume a dark appearance, when it requires to be constantly agitated. With the wire small portions of it can be frequently tried, on a cold piece of glass, or porcelain, and when it is found to crystallize properly the whole may be poured out upon a clean iron or porcelain slab. As soon as it is cold it should be broken up, and put into closely stoppered bottles. It is in greenish-black tabular crystals, which are very deliquescent in the air, and soon decompose into sesquioxide of iron and free iodine.

By this formula I have prepared large quantities, and with uniform success. The evaporation is not conducted so quickly in a Florence flask as it would be in an iron or porcelain dish, but it is not acted on so much by the air, and this more than compensates for the time lost. Unless I wish to obtain it in thin flat cakes, so as to be easily broken and put in small bottles, I generally allow the evaporation to be perfectly completed, and then permit the salt to cool and crystallize in the flask. The flask is then broken, and the mass put away in large-mouthed stoppered bottles. Where you wish to have a mass of uniform size and appearance, to put in small bottles, and to look well, you had better pour the salt out upon the slab; but if you wish it for use only, and are regardless of uniformity of size and appearance, it is better to allow the cooling and crystallization to take place in the flask. Even by the best processes, it is difficult to obtain this salt perfectly pure, as it so readily unites with oxygen, and by this means becomes contaminated with the sesquioxide of iron. Some endeavor to prevent the change by evaporating the solution in iron dishes, and in a hot air press.

Iodide of iron is a greenish black crystalline substance, of an unpleasant, styptic, and pungent chalybeate taste. It is exceedingly deliquescent, and soon decomposes upon exposure to the air. If exposed to a high temperature, violet-colored fumes of iodine are given off, and sesquioxide of iron is left behind. When recently prepared, it is wholly soluble in both water and alcohol, and the solution at first is of a pale green color, but it soon becomes turbid, growing more so every hour, and a brownish deposit of iron gradually increases in quantity. If the solution is strong, it becomes an orange red, owing to the presence of free iodine. As the iron separates it is at first a protoxide, but it rapidly becomes a sesquioxide from the absorption of oxygen; hydriodic acid is set free, and the solution is found to be acid, but by the action of air and light this soon changes into iodine.

When the iodide of iron was used in solution various plans were adopted to prevent the rapid decomposition, the most frequent of which was the suspension in various ways and forms of iron in the solution; but these were not sufficient to prevent the change. It was very difficult to form it into pills, for the least moisture made them so deliquescent that they became moist, friable, and either softened down into a wet mass, or broke up into small pieces. Besides, when freshly made and administered at once, they were apt to cause derangement and irritability of the stomach.

If administered in the fluid form it had to be made fresh very frequently, and its taste was harsh, styptic, and unpleasant, and it was difficult to administer it to children. Independent also of its easy decomposition by the air, it was most rapidly decomposed by any substance that was incompatible with sulphate of iron; it was also incompatible with the alkalies and their carbonates, and other substances with which physicians wished sometimes to associate it,

The dry salt is composed of

One eq. Iron	28 or 18·2	per cent.
One eq. Iodine . . .	126 or 81·8	"
	154	100·0

After the introduction of this substance it was used very extensively, and in spite of its many disadvantages it was found to be a most valuable remedy. But as it decomposed so quickly, its administration was both tedious and difficult, and it frequently occasioned, when taken in pills, great irritability of the stomach. All physicians acknowledged its great utility, and expressed the necessity of some means being adopted to make it a stable and unchangeable substance. In the early part of November, 1838, my brother had a patient to whom he was administering this substance in solution. As it so rapidly decomposed I prepared it from the salt, fresh every day, and on one of these occasions, thinking to make an improvement in the taste, I filtered it into a thick syrup. It was brought back, because it differed so much in appearance from any that had been before made. Instead of a muddy solution containing a deposit of sesquioxide of iron, which was constantly increasing in quantity, I found a solution as clear and transparent as when I made it. It was carefully put aside with the cork left out of the bottle until the next day, and was then still found clear, transparent, and unchanged. Here then was the desideratum sought for. But I asked myself the question, why is it not decomposed? It was evident to me that the syrup protected it from oxidation by the atmosphere. Following these deductions I the same day made for the first time the Syrupus Ferri Iodidi from a newly prepared solution of iodine and iron, and filtered while hot directly upon sufficient sugar to make a thick syrup. This sample was shown at once to Professor Torrey, and exhibited by him to his class. From this time it was extensively employed by physicians with whom I was acquainted, and my own preparation was soon used in great quantities, in the New York Eye and Ear Infirmary.

In 1839, Mr. Frederking, of Riga, made the same discovery, and published it in Buckner's *Repertorium;* Wackenroder, and Kerner and others, published articles upon it in the German journals soon after Frederking's first publication. In 1840, Professor Proctor published an able article upon it in the *American Journal of Pharmacy.* M. Dupasquier, of Lyons, claims to have discovered it the same year that I did, 1838, and although neither he nor I published it, we did not keep it secret, but did all we could, through our private influence, to make it known, and to us simultaneously (he in Lyons, I in New York) is due the credit of first preparing it. I can prove my claim to the discovery of this important article, and I have always upheld it, but I have never quarrelled over it; I have but rejoiced that a substance next in importance to iodine itself, is now within the reach and use of all.

SYRUPUS FERRI IODIDI.

Each of the Pharmacopœias has a formula for the preparation of this article; but they all vary in the amount of the iodide contained in a given quantity. I will describe to you the formula by which I first prepared it, and then show you wherein it differs in strength from the U. S. formula.

Into a Florence flask I put about 4 oz. of distilled water, and 1½ oz. of clean iron turnings. Iodine was then added in small quantities at a time, until 1309 grains (2 oz. 5 drs. 49 grs.) were introduced. When the action between the iodine and iron had ceased, the solution was brought to the boiling point, and maintained at that point for a few minutes. Then, by the same arrangements of the funnel, as described to you a few minutes ago, the fluid was filtered into a bottle containing 2 lbs. (troy) of sugar, and boiling distilled water added until the whole measured 1 quart 10¾ drachms—16,000 minims. While filtering was progressing, the bottle, which was a graduated one, and kept for this purpose, stood in boiling water, and it was frequently shaken to dissolve the sugar. A spiral coil of wire reaching from the bottom to the top, was left in the bottle, or into one into which the syrup was transferred. You will, by calculation, observe that every minim of the syrup contained $\frac{1}{10}$th grain of iodide of iron, and that the quantity being in decimals was easily calculated. By my formula there were 6 grains of iodide to f. ʒj.; by the U. S. formula 7½ grs., and by the British, 5 grains to the f. ʒj. My formula is certainly the most convenient, as the quantity of iodide in any given quantity is so easily calculated by decimals, there being 10 grs. in every 100 minims. The formulæ, in other respects, differ only in the minor manipulations, and in the quantity of sugar employed, which is not large enough in any of them. The name in the U. S. Dispensatory is given as Liquor Ferri Iodidi; this is a change I do not like, and it is not as appropriate as that of Syrup, which is used by the British colleges.

A great deal of the syrup of the iodide of iron that is made, decomposes very quickly, and a layer of more or less thickness and dark color is seen upon the top. This is generally owing to some fault in the preparation, frequently, I think, from not being boiled, or brought near to the boiling temperature, or it may be produced by adding cold water instead of boiling water, to make up the quantity required by measure. Cold water always contains some atmospheric air, which is driven off by boiling. I have had many samples shown to me that were colored and decomposed, which were restored, if boiled with a coil of wire in the syrup; they kept well afterwards. I always stand the bottle for some time in boiling water, or boil the syrup, and it keeps better for so doing.

When freshly made, the syrup has a greenish tinge, but it loses the green color by age. A peculiar change in the color takes place, if a bottle full of it stands in the sun's rays; however closely corked or sealed it may be, it loses its color, becoming white and more transparent. If desirable to give this in pilular form, a syrup of double or four times the strength of that just mentioned, may be made, and may be evaporated down and made into pills, or put into the double gelatine capsules. I know of no adulteration of this article, the only fraud practised is in making it weaker than the officinal strength. This may be detected by decomposing and collecting and weighing both the iodine and the sesquioxide of iron.

Large doses of iodide of iron have been administered to animals, and vomiting and purging have been produced, with congestion of the stomach and almost decomposition of its lining membrane. In small and diluted doses it seemed to act as a tonic.

Therapeutic Uses.—The syrup of the iodide of iron possesses in a marked degree the constitutional effects of both the iodine and the iron, and it presents to the digestive organs a mild and soluble compound of the two metals. Its principal action is as a tonic and alterative. It is more used in the diseases of children than in those of adults. The scrofulous diseases of children, which are always accompanied with an anæmic condition of the system, are more successfully treated with this article than with any other in the Materia Medica. It would be impossible for me in one lecture to describe to you the various forms of scrofulous disease with which children are troubled, but they nearly all depend upon a morbid material existing in the system; a full pathological description of which you will learn elsewhere. The iodide of iron exerts a special action on the blood, by virtue of which it is enabled to counteract the morbid action of scrofula, and to stimulate the functions of absorption to remove the diseased material from the system. Under its proper use the digestion is improved, and the appetite increased; and it acts as a tonic by improving the quality of the blood. It is less astringent than most of the other soluble preparations of iron, and is in large doses quite laxative in its effects. From numerous experiments that have been made, it appears that it suffers

decomposition in the system, the iodine appearing in the urine. Thomson says that, unless it is taken in large doses both metals do not appear in the urine, and that in small doses the iodine is passed off by the kidneys and the iron is retained. Quevenne, from a number of experiments, makes the same observation. These do not agree entirely with my own observations. I have found, that when the syrup is judiciously given in small doses of one to three drops to scrofulous and anæmic children, it can be tolerated for a long time, and will continue to be of great benefit for several weeks, without the necessity of suspending its use for a day. Children with this small dose repeated three or four times a day will improve rapidly and steadily, when they will not do so well if the dose is increased. In the one instance the iron is all taken up in the system, and only passed off in the usual metamorphosis of tissue, and the iodine exerts its peculiar alterative action upon the glandular absorbents, but in the other instance the salt is presented in larger quantities than are required for immediate metamorphoses, and it is passed off to some extent undecomposed and irritates both stomach and kidneys. In proper medicinal doses we seldom find the iron in the urine, the iodine in small quantities will appear there but for a length of time, the iron is all retained in the system, and as the system becomes saturated with it, it is first discovered in the fæces. Iron as a rule, is passed off in the fæces not in the urine. I generally find that in these anæmic cases the iodide does good, so long as the iron is retained in the system and the iodine is liberated, but so soon as the salt appears in the fæces the vegetable tonics will be of more service. The decomposed salt may sometimes be found in the fæces. In these instances the excrements will be colored with protosulphuret of iron, but iodine will be recognised in spots of a blue color, combined with some starchy elements of the food. These blue spots I have occasionally seen quite numerous in the fæces of children recovering from tabes mesenterica. As I have before said, these scrofulous anæmic patients will frequently take the syrup of the iodide of iron for weeks together with great benefit, even in the small doses of two or three drops. If you will examine the fæces of these patients daily they will be found either of a diseased or natural color, but they will show no trace of iron, but by degrees slight discolorations of iron will be seen, and as the medicine is continued the whole mass of fæces is stained of a bluish black color, indicating the presence of iron through the whole mass. The iron as here found is a protosulphuret (FeS). If large doses are administered this will be seen quite early, but the color is in streaks, not uniform throughout the whole. When then I find that with minute doses the fæces become permanently colored, I suspend the use of the iodide for a while, and give some other tonic or alterative, and return again to the iodide in a short time. I thus avoid the irritant effects of the iodide. We see then, as I before said, that the iron preparations mainly pass from the system through the bowels, whereas the iodine passes off by the kidneys, and this I have proved at such times, when the system becomes saturated by small doses of both combined, by finding traces of iodine in the urine, but no iron in appreciable quantities; but iron is found in the fæces in recognisable quantities. There is another proof of the decomposition of iodide of iron in the system. When administered in full medicinal doses, either in pills or in capsules, so that it has no action on the system, until the pills or capsules are dissolved in the stomach, the iodine may be found in the saliva and the iron in the fæces.

Iodide of iron is used to a very large extent in scrofulous complaints, and by its use thousands of children are annually saved. A great majority of the children who live in the crowded, unventilated, and dark tenement houses of our city would be benefited by daily doses of this syrup, for they are troubled with tubercular deposits in the mesenteric and other glands; and it is not until they grow old enough or bold enough to throw off parental authority, and roam the streets with the almost certainty of becoming morally diseased, that they throw off this scrofulous diathesis. In nearly every form of scrofulous disease, the syrup of the iodide of iron will be found of great service, for in all of these diseases you find glandular enlargements which are benefited by iodine, and anæmia which is relieved by iron. I have treated children with tubercular enlargement of the mesenteric glands with this remedy alone, when at first sight a cure would seem to be almost impossible, and when a change of air and diet could not be provided. In diseases of this description, I prefer, if possible, to give the remedy in small and very frequently repeated doses, as one drop every hour while the child is awake. Other preparations of iron are frequently administered with benefit, in larger doses, as they produce other effects than that of a hæmatic; but the iron in this preparation has no astringent or absorbent effects, and is a hæmatic only. The iodine is alterative, diuretic, absorbent,—in one word eliminative. With a compound possessing in a high degree a hæmatic and eliminative action, you cannot but perceive how extensive may be its range of application. It is said by many authors that it acts more like the preparation of iron than those of iodine; but this is not correct, for if administered in either large or small doses, the peculiar effects of the mild iodides are very noticeable. And as we have seen, when administered in large doses to animals it has caused death, not from the effects of the iron, but from the iodine.

It is one of our best remedies in chlorosis, and from the benefit derived from its use in this disease, it has been called an *emmenagogue*.

Like other preparations of iodine, it has been used in bronchocele, and is serviceable when there is anæmia, but if anæmia is not present, the iodide of potassium is generally more serviceable. In scrofulous ophthalmia, or scrofulous diseases of the skin, especially in children, it is very largely used, and may here be administered in rather larger doses. One of the first effects of its administration is an increase of appetite, and an improvement of digestion; but if too long continued or given in too large doses, the appetite will be impaired. In several cases, where it has been given too long and in too large doses, I have seen loss of appetite, nausea, irritability of the stomach, diarrhœa, colicky pains, ringing in the ears, and headache.

Toxicological Effects.—I have read of no cases of poisoning by this article, and I have seen but one case where it produced anything like alarming symptoms. In this instance a little child about four years old swallowed about ℥iss. at one time, immediately after eating. In about a quarter of an hour he complained of pain in the stomach, and after a while vomited. I saw the vomited matter, which was throughout of a bluish black color. The pulse was full and rapid, the eyes prominent and suffused, and the skin bathed with a clammy sweat; there was much retching, and a complaint of tenderness over the stomach, and headache. I gave about two drachms of hydrated sesquioxide of iron in a teacupful of water, and followed it with an emetic. It seemed quickly to allay the urgent symptoms. I then gave a full dose of opium. Before he slept he passed water in large quantities twice, but the next morning there was no secretion of urine. I then gave diluents freely, with liquor potassæ, and more opium. By the next morning he was quite well, having passed urine freely, and having had several free discharges from the bowels of a black color.

Administration.—If given in very small doses, it is well to administer it upon an empty stomach, as it is then more readily absorbed without change; but if given in full doses it is always borne better if given immediately after a meal. In these latter instances there is no doubt immediate decomposition of a portion at least of the medicine, the iodine uniting with the starchy portions of the food, and the iron combining with the vegetable astringents, or decomposed by hydrosulphuric acid gas. To what extent these are taken up in the further processes of digestion

and assimilation, may be ascertained by the examination of the urine and fæces.

The dose usually administered is, to children, from one to ten drops three or four times a day, and to adults, from ten to sixty minims.

In my previous lectures I have given you the chemical composition, the pharmaceutical preparation, the therapeutic action and modus operandi of all the other preparations of iron; with this lecture we finish the consideration of iron and its compounds; of iodine we shall speak at another time.

Original Communications.

HYPERTROPHY AND DILATATION OF THE HEART.

INSUFFICIENCY OF THE AORTIC VALVES, AND MITRAL VALVE. DEATH FROM PULMONARY ENGORGEMENT.

By CHARLES A. LEE, M.D.

PROFESSOR OF MATERIA MEDICA.

J. B. W., æt. 40, of active business habits, nervous-bilious temperament, weight about 135, had been subject to occasional paroxysms of palpitation, and dyspeptic symptoms, for several years. Some cough at times, but generally enjoyed a comfortable state of health. About two years ago began to complain of his heart. The impulse became very strong and violent on slight exertion, accompanied with a constant bellows murmur over the left ventricle, and synchronous with the first sound. There was a sense of exhaustion on slight exertion, with heaving of the chest at each contraction, etc. The most prominent symptoms were, shortness of breath, palpitations from slighter causes than usual, greater delicacy of general health, and a sallow cachectic appearance. These symptoms had gradually come on while employed in a business of great responsibility, and labor of body and mind, attended with much care and anxiety. After resorting to medical treatment in one of our western cities, where he resided for a year or more, without any benefit, and with a gradual increase of ill health, he sailed for England in July, 1860. On his arrival in London, he consulted Dr. Walshe, of London, who prescribed a belladonna plaster over the præcordial region, and a tablespoonful twice a day of the following mixture:—℞. Acid hydrocyanic. dilut. (Ph. Lond.) ℥ xxx.; sodæ sesquicarb. ʒ ij.; tinct. aurantii, f. ʒ iij.; mist. camphoræ, ad vj.; mix. W. H. W. Aug. 8, 1860. After remaining some time in England, under Dr. W.'s treatment, he visited Dublin, and consulted Dr. Stokes. He advised a sedative ointment over the region of the heart, and no medicine whatever—great attention to general health, food, drinks, exercise, etc. Under this treatment the patient seemed to improve considerably. In September he consulted M. Louis, in Paris. His diagnosis and advice were as follows (I give a translation of his opinion): "Strongly marked impulse at the level of the heart; bellows murmur with the first sound; nervous, respiratory râle; liver laps over the ribs. *Advice.*—Above all, be careful about exercise, and avoid all useless exertion; walk slowly; avoid as much as possible all cause for taking cold, in draughts of air, or exposure to wet or cold; always keep the feet dry and warm. Take a natural alkaline water, the *Vichy* for example, at meals, pure, or mixed with a little wine, as Bordeaux, etc. Keep the bowels free, and take a light purgative once every eight days. Light diet, of which vegetables and white meat should constitute the principal part; avoid liquors, pure wines, and hot drinks. Avoid animated discussions, strong moral impressions, and large meetings—above all, dancing parties, in which the temperature is always bad. The *Vichy* water can also be taken between meals, half a bottle to one bottle daily; a moderate bleeding would be proper, if the difficulty of respiration is considerable."

After following this advice for a few weeks, without much benefit, Mr. W. concluded to consult M. Trousseau, which he did on October 20, 1860. Dr. T. gave the following diagnosis (translation):—

"In the case of Mr. W. the following lesions are apparent. The heart is considerably hypertrophied, and the cardiac impulse is very strong. On applying the stethoscope over the apex of the heart, we discover a rough blowing murmur (bruit de soufflé rude), with the first sound a bellows murmur, with a friction sound over the whole heart, and especially at the base of the heart during the second sound, which is propagated in the direction of the aorta upwards. The arterial pulsations are very energetic, and on applying the stethoscope over the humeral artery, we perceive with each stroke of the heart a simple blowing murmur.

"In my judgment, the consultant is laboring under hypertrophy of the heart, with insufficiency of the mitral valve, chronic pericarditis, contraction, with insufficiency of the ventriculo-aortic valve of the left side. At the present time there is no swelling of the extremities.

"*Treatment.*—For ten days in succession each month, let the patient take every day *one to three tablespoonfuls* of the wine prepared as follows:—"℞. Vini albi gallici (champagne), ʒ xxiv.; baccarum juniperi, ʒ ij.; digitalis purp. ʒ ij.; sem. colchici ant. ℈j.; scillæ maritimæ, ʒ j.; acetatis potassæ, ʒ vj. Digest for four days, and filter.

"2. The ten following days, take, morning and evening, in a little water, *ten drops* of the following tincture:—℞. Tinct. belladonnæ, ʒ ij.; tinct. aconiti, ʒ iij.; tinct. nucis vomicæ, ʒ j. M.

"3. The ten following days, take, twice a day, a table spoonful of the following mixture or solution:—℞. Iodureti potassæ, ʒ ij.; aquæ destillatæ, ℥ xx. M. To continue this mode of treatment for several months in succession, and when the patient's health is improved, the same treatment to be followed *every other month.*

"4. As soon as the patient has arrived in America, to apply over the region of the breast a piece of 'caustic potash' in a manner to produce an 'eschar'—to renew this application every fifteen days. The wound to be dressed with simple diachylon plaster.

"5. To avoid all kinds of violent exercise, and to live moderately. *N. B.*—All spirituous or exciting liquids to be avoided. Paris, Oct. 20, 1860. A. Trousseau."

I find, on looking over M. Trousseau's prescriptions, that as early as the 5th September, 1860, he prescribed for Mr. W. six drops three times a day of the following mixture:—℞. Tinct. aconiti, tinct. digitalis, tinct. colchici, āā ʒ ij. Mix. This must have been soon after consulting M. Louis. The patient seemed to improve under this treatment; his appetite and general strength were tolerably good; he could spend a good portion of each day in shopping, sight-seeing, etc. The latter part of October he took passage on board the steamer Adriatic for New York, had a stormy passage, during which he took a severe cold, owing to exposure, followed by severe congestion of the posterior inferior lobe of the right lung. I saw him soon after landing in New York, Nov. 5, 1860, and found him suffering intensely from the combined pulmonary and cardiac affections: extreme debility, pulse very rapid, breathing short and panting, frequent cough, coldness of surface, anxious expression of countenance, etc. A superficial examination disclosed a loud bellows murmur over the whole cardiac region, with hypertrophy of the organ, and solidification (hepatization) of the posterior right lung. The patient was taken by boat to Poughkeepsie, where his relatives resided, and where he expired on Sunday the 11th following. The prominent symptoms were great restlessness, wakefulness, extreme prostration, and pulmonary oppression. During most of the time the cardiac contractions were too weak to develop the peculiar abnormal sounds already noticed. Of course, the diagnosis, so far as the heart was concerned, was necessarily obscure. Death occurred very suddenly from asthenia, doubtless the result of the pulmonary engorgement.

Autopsy.—Present, Drs. E. H. Parker, Varick, Harvey, and myself. Body not much emaciated. No swelling of extremities. But little fluid in cavities of the pleura. The posterior and lower half of right lung in a state of recent hepatization, gorged, and black. Considerable bloody serum, of jelly-like consistence, in the right bronchi. The left lung and anterior superior lobe of the right healthy. The heart was considerably hypertrophied, its size estimated at nearly one half greater than normal. Walls of left ventricle nearly twice the natural thickness. Muscular substance dark red from sanguineous engorgement, and much softer than in health. The aortic and mitral valves were not diseased, but insufficient to prevent regurgitation. This was also the case with the tricuspid valve. The mouth of the aorta was greatly enlarged as well as the arch, so as to be almost if not quite aneurismal in dimensions; leaving the aortic valves not half the necessary size to close the orifice. There were no signs of previous pericarditis, such as adhesions, granulations, etc. The *auricles* were dilated to about twice their natural size. *Chordæ tendineæ* greatly thickened and considerably softened.

Remarks.—As the patient did not come under my observation until a few days previous to his death, the early history of the case is far from being as full as I could desire. Nor are the autopsic appearances as complete as I could wish, my notes of the dimensions of the various valves and orifices, and the weight of the heart, having been lost or mislaid. The immediate cause of death was doubtless pulmonary apoplexy, or engorgement; the obstruction to the circulation having reached that point by the progress of the disease, that the circulation through the lungs could no longer be maintained. The physical signs were more usually attendant on insufficiency of the mitral and aortic valves, the consequent regurgitation producing the usual bellows murmur, with small, weak, intermittent, irregular, and unequal pulse. The action of the heart was for many months morbidly increased both as to strength and frequency; at times there was slight hæmoptysis, more or less palpitation, aggravated by stimulants, active exercise, mental emotion, flatulence, acidity, or bile, and especially by indigestible food. The dyspnœa became more urgent as the disease progressed, as did also the cough; but the sudden and severe aggravation of the disease during the voyage was attributed to a severe cold, caused by exposure, etc. But it is altogether probable, that, under the most favorable circumstances, life could not have been much longer protracted, with such a degree of cardiac disease.

PEEKSKILL, Dec. 11, 1861.

CASE OF

LESION OF THE URETHRA

AND EXTENSIVE SUBCUTANEOUS INFILTRATION OF URINE.

By EDMUND ARNOLD, M.D., M.R.C.S.E.,

OF YONKERS, NEW YORK.

Mr. R. G., widower, æt. about 45, sent for me at 4 A.M. on 26th of September. He had been sick about three weeks, and for the last seven or eight days had not left his bed. His housekeeper stated, however, that for the last ten years he had never been free from purulent and bloody discharges from the urethra, but being considerable of a sceptic with regard to physic and physicians, had been at great pains to conceal the matter, and, as far as I could learn, he had never employed a doctor until now. He believed himself to be affected with stone. He stated that he was now, and had been for several days, suffering great agony from difficulty in voiding his urine, and that he was subject to such attacks. The penis was somewhat swollen and tender to the touch, the prepuce could only be partially drawn over the glans, the orifice of the urethra very much narrowed and contracted, and filled with purulent secretion; scrotum large, but retaining its usual corrugated appearance. The right groin had also a swollen appearance, almost resembling that of a hernial tumor, but more elongated. On employing gentle pressure it gradually disappeared. Here, also, he complained of great pain. He could not exactly explain the kind of pain referred to in various places in this communication, but characterized it as agonizing. No perineal tenderness. There were three or four ounces of highly offensive urine in the chamber, with a copious muco-purulent deposit. Has for several days passed it only *guttatim* or in very small quantities. The patient is restless and agitated, and much worn out for want of sleep. Having, by careful examination, ascertained that there was no distension of the bladder, I ordered, as a preliminary, 2 grs. opium internally, and directed the parts to be kept wrapped in hot hop fomentations.

9½ A.M.—Has slept a little, and says he passes water more easily. Complains now of agonizing pain which has shifted to the right iliac region, with a general sense of fulness in the bowels. Shortly after I entered the room, he vomited a considerable quantity of bile, which, I was informed, he had done frequently during the last two or three days. His aspect was sallow and bilious; pulse full 110; skin warm, and perspiring freely from hot applications. Percussed the abdomen and found everything normal except at the seat of pain, where there was considerable dulness and great sensitiveness to pressure. His bowels, he stated, had been previously regular. I now arrived at the conclusion that, added to considerable fæcal accumulation in the ascending colon, there was a generally inactive condition of the liver and bowels; that the urine, preternaturally loaded with salts and bile, had induced fresh inflammation in a bladder and urethra already greatly diseased, and that the former would have to be regulated before any improvement could be expected in the latter. I tried to pass a No. 2 catheter, but before it had entered half an inch, he complained of such exquisite pain that I desisted. I may here state, once for all, to avoid repetition, that I examined the condition of penis and scrotum at every visit, without any change being perceptible in size or color to indicate the fatal mischief going on until almost immediately before death, and that he spoke throughout of urinating more and more easily. Ordered hydr. chlor. gr. vj., ol. ricini 3 vj. postea. Also, a mixture containing potass. nitr., sp. nitr., tr. hyoscy., mucilag. et aq. Hot fomentations to be continued, also, to have a bath at 90° to be increased to 95°. 4 P.M.—Pain in the side very great during the day, and occasional vomitings. No movement of bowels. Has not yet had his bath. Ordered an injection of warm water with soap. 9 P.M.—About a pint and a half of injection was administered and bowels have been very freely moved, according to the statement of the attendants, nearly a chamberful being evacuated. Has also had his bath, and states that he there urinated with ease. He expresses himself greatly relieved in every way. Pulse 100. The dulness on percussion has shifted to the right hypochondrium; the right lumbar region, however, appears evidently larger than the left. Ordered morph. sulph. gr. j., aquæ ʒj.; a fourth part to be given every half hour until sleep is induced.

27th, 9 A.M.—Took only one dose of the morphine and slept well nearly all night, his first expression on awaking being, that he felt like a new man. He is now beginning to complain of the same pain again, which at present is located in the right hypochondrium. There is a considerable bulging in right lumbar region, but no pain there. On percussion, there is dulness and much sensitiveness at the seat of pain. Does not complain of bladder, although the water still dribbles. Vomited again during my visit some greenish fluid. He takes but little nourishment. Fomentations and medicines to be continued. Another dose of oil to be given, and injection repeated if necessary, also a mustard plaster to be applied over the seat of pain.

4 P.M.—Pain still intense in right hypochondrium, no movement of bowels, no effect produced by mustard plaster, though prepared with alcohol and kept on for an hour. On examining him, noticed a slight purplish discoloration just below the seat of pain in right hypochondrium. Skin

warm and perspiring copiously; pulse still moderately full and soft, 110. Ordered six leeches over hepatic region and requested a consultation.

8 P.M.—Saw him with Dr. Gates. A great change, however, had now come over him. The leeches laid hold, but immediately fell off again. At his own request the bath had been repeated, but he desired to be taken out again immediately; the surface became cold, and the discoloration, now very deep, began to extend rapidly up and down the sides. At the time of our visit, the pulse was small and thready, the general surface cold, and the whole side of a deep purple color from the hip to the armpit. His end was evidently near. We therefore only ordered morphine to relieve the pain. He gradually sank during the night, suffering intense pain towards the last, and died at 5 A.M. on the 28th.

Post-mortem five hours after death.—Body rigid. Immediately behind the glans penis there was a dark ring of discoloration extending round the organ, and thence along its urethral aspect, and spreading over the entire scrotum now smooth and much distended with fluid. It next proceeded along the right groin to the hip, and from thence up the entire side to the armpit. There was a considerable bulging of the whole right lumbar region. On cutting into the scrotum urine exuded, and also similar fluid freely oozed on making the right lateral abdominal incision, the muscles beneath on that side being dark and discolored. As this revealed the whole difficulty, and the friends present would have regarded opening the urethra as a mutilation, this was not done. The body was otherwise in good condition and well covered with fat. On opening the abdomen, the omentum contained a considerable amount of fat; small intestines healthy and moderately filled with flatus, so also the cæcum and ascending colon. At the junction of the ascending with transverse colon, and along nearly half of the latter, there was a considerable amount of soft brown fæces, but no inflammation; beyond this, the bowel was empty and contracted, the last injection having probably passed away in the bath; liver large and generally healthy, with the exception of a small portion of the upper surface where there was discoloration, and a small patch of softening so as to break down readily under the finger, and probably of quite recent origin; gall bladder full; stomach and pancreas healthy; spleen not examined; kidneys externally devoid of fat, and their coverings dense and grey colored. On cutting into them, they were large and perhaps rather paler than natural, with several small fatty globules dispersed through their substance, otherwise they did not appear unhealthy; bladder empty as regards urine, the coats very much thickened so as to cut like tripe, its mucous membrane pale, smooth, softened, and covered with purulent secretion, and at the bottom of the organ about a tablespoonful of pus, but no stone.

The symptoms in the above case, making allowance for the pre-existing chronic disease of the bladder and urethra, were, to say the least, puzzling. The increasing ease with which the patient, as he believed, urinated, especially in the bath, the absence of a distended bladder leading to the belief that but little urine was secreted, the course of the pain along the region of the colon, and the evident accumulation in the latter, the sallow aspect of the patient and his frequent bilious vomitings, the bulging and first appearance of discoloration in the hypochondrium, rendered the diagnosis extremely difficult. The swelling in the scrotum was not sufficient, until just before death, to remove the ordinary corrugated appearance of the skin, nor could I detect at any time tenderness in the perineum. The lesion at the anterior portion of the urethra, due no doubt to ulceration, had, from the swelling in the groin, which I could not satisfactorily account for on my first visit, undoubtedly occurred some time previously, and it was the insupportable agony induced by the infiltration of the acrid urine through the tissues, that alone forced him finally to send for a physician. His death gave the first intimation to friends and neighbors even of his sickness, and though for ten years he had, to conceal his malady, washed his own shirts and never slept in sheets, and must have endured great suffering at times, his demise actually seemed to all something unaccountably sudden and mysterious.

CASES IN MILITARY SURGERY.

GUNSHOT WOUNDS OF PELVIS, THORAX, KNEE, TRACHEA, THIGH, AND ARM.

By WILLIAM O'MEAGHER, M.D.,

SURGEON 37TH REGIMENT, N. Y. V.

Gunshot Wound through the Pelvis, Intestines, and Anterior Abdominal Wall.—On the night of Tuesday, Aug. 27th, while a large portion of the regiment was on picket duty at Bailey's Cross Roads, at that time one of the outposts of the army on this side, the reserve corps, stationed in front of a house adjacent to the road, resting themselves until their turn should come to relieve the others, were suddenly startled to their feet by the report of some shots fired at a little distance in the rear. A sudden rush was made for the muskets lying on the ground before the men, and, in the confusion incident to the sudden movement, one piece went off accidentally. The next moment I saw one of the men, who happened to sit in advance of the main body against the railing in front, and a little behind another officer and myself, suddenly start up and then tumble over writhing in agony. He rose again, tottered a few paces, and again fell over.

In consequence of our immediate proximity to the enemy, then only a quarter of a mile distant, I was unable to use a light during the necessary examination; besides, he was with difficulty kept from rolling about, until his agony was somewhat relieved by a grain of morphia. Meantime, I was engaged in exploring the wound, which was plainly indicated by abundant hæmorrhage and by the patient himself pressing his hands tightly on the lower portion of his back. The bullet had passed through the upper part of the left sacro-iliac symphysis, through the intestines, escaping anteriorly in the right groin, and finally, through the clothing, being then lost. Vomiting soon set in, and during the consequent exertions, a knuckle of small intestine, wounded, protruded through the anterior opening, but was easily reduced when the vomiting ceased, and he was able to swallow some stimulants and another opiate. Compresses of lint and a broad bandage were then applied, the hæmorrhage ceased, and pulsations in the radial and femoral arteries indicated commencing reaction. A door, taken from the hinges, covered with straw and a blanket, served for a litter, on which, supported by muskets and relays of six men at a time, he was carried a distance of about three miles until we reached the field ambulance, which, owing to the road being obstructedly barricaded, could not approach nearer.

He was thence carried to the Washington Infirmary on E street, where he died in about fifteen minutes afterwards, and about ten hours after the accident. During the journey he was somewhat comfortable, notwithstanding the roughness of the road, and seemed to rally pretty well, sufficiently to converse with the chaplain. Vomiting had not returned, and he was thus able to take stimulants combined at intervals with anodynes. Though very anxious to see the post-mortem examination, which I presumed would follow, I was prevented calling at the hospital owing to more engrossing duties. I called there subsequently, however, and asked the surgeon in charge, by note, to furnish me with the record, but I received neither a reply nor the expected information.

Gunshot Wound of Thorax and Lungs.—Private Cooke, of the 2d Michigan, while on picket duty near the Cross Roads, received from the enemy's picket a gunshot wound through the lungs, and when discovered by his comrades, who hastened to the spot, was found faint from profuse hæmorrhage, and lying on the wounded side. By them he was conveyed in a blanket to the main body stationed at

the Cross Roads, the distance being about a mile, and on their arrival I saw him immediately. On examination, his clothes behind were found saturated with blood, while several large clots were removed from the immediate vicinity of the wound. As he was extremely prostrated, some stimulants were gradually administered until reaction commenced, and, in the meantime, I was searching for the exit of the bullet, which had entered the left side posteriorly, fracturing the tenth rib and making quite a large, irregular, wound. On introducing my finger for about two inches for the purpose of exploring and removing foreign substances, I felt the lung tissue, and found the wound itself partially filled with coagula and extending towards the opposite side in a transverse direction; emphysema appeared to some extent in the vicinity. I did not attempt a further exploration, especially as the wound, as far as I could discover, appeared free from foreign substances and partially closed. Shredded lint was then applied to the wound, and the patient gently turned over on the wounded side. On searching for the exit of the ball, the only indication of its presence was a patch of emphysema on the opposite side, somewhat higher up than the aperture, but the ball itself could not be felt, so I resolved to wait awhile in order to allow the patient to recover somewhat, hoping that, in the meantime, the respiratory efforts, increased by a pretty tight bandage, would force the ball outwards and thus render it palpable. Accordingly, in about four hours, he began to experience severe pain in this part, and on removing the bandage, at the same time directing him to take in a full breath, which he did with ease and evident relief, I was exceedingly gratified to find the ball presenting itself in the sixth intercostal space. On cutting down, I found it firmly imbedded in the costal pleura, and after a little delay, occasioned by a desire not to make a large opening, removed it with a common forceps, and immediately closed the wound with interrupted sutures. The bandage was again applied, and a full anodyne administered, after which he slept well for two hours and felt very much relieved. The missile, contrary to my first anticipations, turned out to be a small triangular shaped rifle bullet, irregular and rough at the edges, as if it were so designed to produce greater mischief. He continued very comfortable for two days, taking light nourishment and appearing quite cheerful and intelligent, occasionally only being attacked with dyspnœa, which, however, was never sufficient to cause any apprehension. Obedient to directions, he lay perfectly still, without talking, except in answer to a necessary question as to his condition. His bed was a canvas field-stretcher, with poles inserted into the folded canvas, which was also attached to the end pieces by buttons and cords. The iron framework at the ends raised it from the ground sufficiently to afford a safe, easy, and efficacious means of transportation, far superior, in my opinion, to any other thus far presented, and certainly better than field ambulances over rough roads. On this he was conveyed, on the third day, a distance of perhaps ten miles, to the general hospital in Alexandria, where he died on the fifth day. I am indebted to Dr. H. Laurence Sheldon, the surgeon in charge, for the following record of the autopsy:—

"Left side of chest filled with bloody serum; lung compressed, and a space between anterior parietes and surface of lung filled with air. Lymph covered the visceral and parietal pleuræ, and clots of blood were on the most dependent portion of the cavity. The ball struck the tenth rib, fracturing it three inches from its articulation with vertebræ, passed through the lower lobe of left lung, where there was intense inflammation in its track, with numerous spiculæ of bone carried two inches into substance of lung from the fractured rib, thence through body of tenth vertebra, through diaphragm and upper surface of liver, a distance of two inches; again through diaphragm, and was removed externally between sixth and seventh ribs. There was a patch of pneumonia on the right lower lobe. Half a gallon of serum and blood was taken from both pleural cavities."

I should have mentioned as rather remarkable, that, for three days, though he had considerable dyspnœa, and pain referred to in both places, he had neither cough nor expectoration until the fourth day, leading some to suppose that both lungs were not seriously wounded, as I had at first reported, the ball rather making a circuit *outside* the lung. But I think it almost impossible that the right lower lobe could escape when the ball passed *twice* through the diaphragm and upper surface of the liver, being finally removed from the *sixth* intercostal space; besides, "there was a patch of pneumonia on the right lower lobe, and half a gallon of serum taken from *both* pleural cavities."

Bayonet Wound of Trachea—Emphysema.—Private Betson accidentally received a thrust of a bayonet in the neck opening into the larynx and producing considerable emphysema, tickling cough, and bloody expectoration. He recovered rapidly, however, without a bad symptom, some slight aphonia alone remaining for a short time.

Bayonet Wound of Knee-Joint—Synovitis.—Private —— received an accidental wound of the knee-joint, between the border of the patella and internal condyle of the femur. At first, little was thought of it, a few adhesive straps and a roller bandage being applied, and the patient returned to duty. In a few days, owing, doubtless, to imprudence and over exercise, inflammation, accompanied by pain, fever, swelling, and effusion, set in, while the wound assumed an angry fungoid appearance; but by means of rest in the recumbent position, elevation of the extremity, water dressing, and other antiphlogistic adjuvants, the pain and other symptoms slowly abated at the end of three weeks, leaving the patient, however, lame and stiff at the joint.

Gunshot Wound of Thigh.—Lieut. Massey, while on picket duty at Munson's Hill, received a shot from a small revolver, the bullet lodging anteriorly in the upper third of the thigh, near Scarpa's space. After a thorough search for the bullet, both by Dr. McNulty and myself, it could not be found. A pledget of lint, wet with cold water, was applied, and the patient directed to keep quiet. Two or three days afterwards, though the irritation and pain still continued, he felt so well that he asked permission to go around with a stick, which was permitted. For a while he walked rather lame, but gradually he began to exercise more freely, and in less than three weeks returned to duty. It has not troubled him since.

Capt. Rividan received a shot from a revolver, the bullet passing antero-posteriorly through the calf of the leg, about the middle, and externally to the tibia, which, though grazed, escaped uninjured. In this case, also, the patient, after a few days' rest, began to walk around freely, and in three weeks resumed his ordinary duties. The same gentleman subsequently received a wound of the great toe, on the march to Fairfax Court House, on the eventful day of the battle of Bull Run, by which the toe was severely mashed, requiring evulsion of the nail. He continued to march notwithstanding, though offered a mode of conveyance, and, when the regiment was ordered to return to Alexandria, remained with his company during a severe night. Cold water dressing only was applied with lint and bandage, and in a few days the wound was entirely healed.

Gunshot Wound of Right Index Finger—Fracture of the First Phalanx.—Sergeant Scott had the index finger of right hand wounded by a ball from a revolver, fracturing the first phalanx about the middle, the joint also being opened and injured. At first, amputation was thought to be necessary, from the mutilated condition of the finger, but it was resolved to try what conservative surgery could effect, for a day or two. Accordingly, a splint was applied on the palmar aspect and cold water dressings used, the arm being suspended in a sling. For three weeks subsequently, nothing more was done, except to renew the dressing. The external wound healed up kindly within that period, and in a month he was able to use his musket, the stiffness of the joint having been overcome by passive motion.

Gunshot Wound of Arm.—Private Hicks received a

shot from a revolver in the lower third of the arm, the bullet passing through the muscles only, and making its appearance on the inner aspect. It was cut out by Dr. McNulty, and the patient, after a short sojourn of a few weeks in hospital, returned to duty.

CAMP RICHARDSON, NEAR ALEXANDRIA, VA., Dec., 1861.

Reports of Hospitals.

NEW YORK HOSPITAL.

CONTUSION OF PERINEUM—LACERATION OF URETHRA—PERINEAL SECTION—CURED.

[Reported by JAMES L. LITTLE, M.D., Resident Surgeon.]

PAT. O'BRIEN, æt. 30, native of Ireland. Patient admitted May 8, 1861 (service of Dr. Buck), having fallen down the hold of a vessel, a distance of six feet, alighting astride of a plank. Patient was able to walk up stairs to his ward. On examination, there was seen considerable swelling and discoloration of the perineum and scrotum, without any laceration. There was, also, a slight discharge of blood from the urethra. Patient complained of great pain in the part. As the above symptoms indicated some injury to the urethra, an attempt was made to pass a large-sized catheter, in order to prevent the extravasation of the urine. It was found impossible to pass it beyond the seat of injury. A profuse discharge of blood followed the removal of the instrument. The patient was then directed not to attempt to pass his water, and he was allowed to remain until the visit of the attending surgeon, Dr. Buck. On his arrival, a second attempt was made to pass a catheter, which also proved unsuccessful. Patient was then etherized, and a free incision made in the median line of the perineum, allowing the escape of a considerable quantity of clotted blood. A No. 12 catheter was then passed, and its point emerged from the wound. An examination then showed that the membranous portion of the urethra was torn entirely across by the accident. An attempt was then made to pass a female catheter from the incision into the bladder. This was a very difficult operation, as the parts around the urethra were very much contused and the hæmorrhage was very free. But after a diligent search, the opening was found and the catheter entered the bladder. A male catheter was then introduced through the urethra, and after carefully removing the female catheter, passed into the bladder. During the operation, patient lost a considerable quantity of blood. The hæmorrhage was controlled by the application of several ligatures. The wound was filled with lint, and a firm compress applied. The catheter was secured in its position and stimulants ordered.

The following day the dressings were removed and the catheter was withdrawn and cleansed, and reintroduced without any difficulty. The wound was ordered to be dressed with cold water. On the third day after the operation, the catheter was again withdrawn and allowed to remain out of the bladder. The water made its escape from the wound. From this time the catheter was introduced once in twenty-fours and allowed to remain in for about ten minutes. The wound soon began to granulate. On June 1st, patient complained of a pain in his leg and groin. On examination, the left inguinal glands were found to be enlarged and very tender, and along the course of the internal saphena vein a cord-like feeling was detected and considerable tenderness was manifested. The left leg was swollen and œdematous, resembling the disease known as phlegmasia dolens. A blister was ordered over the upper part of thigh; leg bandaged, and patient supported by beef tea, quinine, etc. June 10th. Swelling of the leg had nearly all subsided. The wound in perineum was almost closed. Patient passed about one half of his urine through wound. June 19th. Six weeks after injury, patient passed all his water through the natural orifice. Catheter was passed about three times a week.

During the month of July, an interval of about one week passed without the catheter being introduced, and patient's water suddenly stopped. On attempting to pass an instrument, it was found that it was with great difficulty a No. 3 steel sound could be introduced. After its introduction, the stricture readily dilated until a No. 10 could be introduced. On Sept. 23d, patient was discharged. At the time of discharge, a No. 10 could be readily introduced. As the instrument passed over the stricture, considerable roughness could be felt, and if an instrument was not frequently introduced the stricture would contract, and would require to be dilated, which was very readily done, as the cicatrix was very yielding. Patient purchased a No. 9 flexible bougie, and was ordered to introduce it every day. Discharged cured.

BELLEVUE HOSPITAL.

OLD STRICTURE—FISTULOUS PASSAGES—PERINEAL SECTION—FORMATION OF LARGE INGUINAL ABSCESS—DEATH.

[Reported by A. L. LOWELL, M.D., House Surgeon.]

LOUIS VANDERBEC, German, æt. 43, married; laborer; admitted June 18, 1861, with the following history:—Six months prior to admission, the patient suffered from the effects of stricture of the urethra; was treated outside and relieved; at date of admission was again suffering from stricture, and almost wholly unable to void his urine. On examination, the following facts were evident:—Extensive swelling and induration of scrotum and supra-pubic region. Prepuce œdematous; penis nearly occluded, save the glans, by swelling of contiguous parts; phymosis; exploration of urethra by sound, revealed stricture at fossa navicularis; false passage traceable to and terminating at a point anterior to triangular ligament and to right of median line. A very small gum elastic bougie could, with much difficulty, be engaged in a stricture at the membranous portion of the urethra. All attempts to pass the stricture of membranous portion proved futile.

The patient suffered from retention, and the only relief of his symptoms was effected temporarily by the use of the hot bath and laxatives; these agents were employed as palliatives until the date of the operation. Several cicatrices in the inguinal regions attested earlier ravages of syphilis, to which may be added a chronic sore throat, laryngitis, and the history of the patient himself as corroborative of such cachexia. There also existed cicatrices, linear in outline, on the right of the median line, about three inches above the symphysis pubis, and a little nearer the median line than half the distance between it and the anterior superior spinous process of the ilium. Of these cicatrices, the history of abscesses was given as having occurred during his first attack, they having been opened at that time.

On August 19th, the patient's symptoms culminated in a high irritative febrile movement, and a total retention of urine, which latter no palliative efforts could relieve. An operation was determined upon, and performed by Dr. Lewis A. Sayre, assisted by Dr. Crane and the house staff.

A grooved lithotomy sound was passed down the urethra to the seat of the stricture at membranous portion, and the point of obstruction was forcibly projected outwards upon the line of the raphe. An incision was then made through the membranous portion, and, by dissection, the continuity of the canal with the bladder was established. A No. 8 silver catheter (male) was then passed into the bladder by the meatus urinarius, after establishing the true urethral canal by reversing a probe at the point of perineal section. A female catheter was left in the incision, which conducted the urine away from the wound. Both catheters were secured in position by bandages. The walls of the bladder were found exceedingly rugose and hypertrophied. The sensation imparted to a sound brought in contact with the lining mucous membrane, strongly simulates stone.

The patient slept well during the night on a slight anodyne, and on the following day his symptoms were much ameliorated. On the second week after the operation, he began to complain of severe throbbing pain over the right inguinal region. Poultices were applied, the pain increased, and tumefaction and much increase of temperature at this point succeeded. On the fourth day, chills and fever occurred, and a marked redness and lividity were observable at a point on the median line about three inches above the symphysis pubis. A slight incision through the integuments was followed by an evacuation of nearly half a pint of dark-colored pus of a very offensive odor. On passing a probe into the incision, no communication could be traced with the bladder; the instrument could be readily swept around beneath the fascia of nearly the entire right iliac region. Pressure over the bladder caused an escape of urine from three different points of exit—the above-mentioned opening, the urethra, and the incision through the perineum. On washing out the bladder, by inserting the double catheter through either the perineal wound or the urethra, the injected fluid escaped from both the other openings. The patient gradually sank, and died on the 19th of August from exhaustion.

Post-mortem examination, twelve hours after death.—Lesion about recto-vesical region, prostate, and base of bladder, much broken down and sloughy. Bladder exceedingly rugose on inner surface; its walls much thickened, evidently the effects of former cystitis. Ureters enlarged as to calibre. Right kidney slightly granular; left below normal size and weight, and showing marked evidences of granular degeneration. A fistulous track was traced between supra-pubic opening and membranous urethra behind triangular ligament. In right hypogastric and inguinal regions, much sub-fascial degeneration, showing cellulitis from urinary infiltration. This region, as well as that about base of bladder, was darkly discolored and sloughy.

Patient suffered much from cephalalgia, and frequent and almost uncontrollable watery dejections. Skin white and waxy. Urine constantly highly albuminous. Under the microscope, it was found loaded with casts, epithelium, pus globules, and salts, triple and basic phosphates.

RETENTION OF URINE—LACERATION OF URETHRA AND FALSE PASSAGES FROM FORCED CATHETERISM—PERINEAL SECTION—RECOVERY.

[Reported by HENRY M. LYMAN, M.D., House Surgeon.]

In November, 1860, Matthew L., an Irishman, strong and healthy, æt. 25, was injured by a cotton bale falling against his abdomen. For two weeks after this accident he could not urinate without the assistance of a catheter, and there was also a purulent discharge from the urethra. The patient denies the existence of any venereal taint, nor does he exhibit any evidence thereof. As he recovered from the effects of the accident he became able to pass water, though not without considerable difficulty—a difficulty which continued to increase till Oct. 14, 1861, when the urethra became impermeable. The patient was diligently plied with catheters by several parties outside of the hospital, and, on their failure to effect an entrance into the bladder, he was admitted and placed under the care of Dr. Stephen Smith, Oct. 15th, thirty hours after the commencement of retention. The bladder was distended to the umbilicus. A hot bath and the administration of opium having failed to afford the slightest relief, he was placed under the influence of ether. A catheter (No. 10) was then carried easily through the greater part of the membranous portion of the urethra, but was completely arrested at the prostatic portion of the canal. After repeated trials, a minute hair bougie seemed to penetrate the stricture, but without effecting any relief, and at midnight Dr. Smith proceeded to open the urethra through the perineum. A small silver probe was then with some difficulty insinuated through the prostatic portion of the canal, which was afterwards incised sufficiently to admit the largest sized catheter. Considerable febrile reaction occurred after the operation, and there was much irritation about the neck of the bladder; but at the end of five days all unfavorable symptoms disappeared, and an uninterrupted process of recovery has continued till the present time. A small opening remains unhealed, but it is closing rapidly and kindly.

To the foregoing cases we may add the following case of perineal section, furnished by Prof. DEWITT C. ENOS, of Brooklyn.

INGUINAL HERNIA—RETENTION OF URINE—PUNCTURE OF THE BLADDER THROUGH THE RECTUM—PERINEAL SECTION—RECOVERY.*

Mr. S., a merchant in New York, while lifting a heavy weight, on Wednesday, June 17, 1857, produced a direct inguinal hernia on the right side, and the day after had some difficulty in making water. His bladder became distended and his suffering intense. He had been a very healthy man, and never had a stricture. From Friday until Monday ineffectual attempts were made, with great care and perseverance, and with a variety of instruments, to enter the bladder. During this time he passed a little urine occasionally. On Monday he was no better. Chloroform was given, and another effort made to pass the catheter without success.

I then tapped the bladder through the rectum, and drew off about three pints of urine. The canula was secured in the bladder. The day following no water would pass through the instrument, and it was found that during the night it had slipped from the bladder, and its end was in the cellular tissue between the bladder and rectum. As it could not be introduced through the original opening the style was used and another aperture made. The corpus spongiosum urethræ was hard and much inflamed. Leeches and fomentations were applied to the perineum. The scrotum becoming œdematous and inflamed, and the corpus spongiosum much swollen towards the bulb, it was decided to open it, and then if the catheter could not be passed to make a perineal section. The patient was put under the influence of chloroform, the incision made, and an ounce or two of laudable pus was discharged. Still the catheter could not be passed. I then made a free opening into the urethra, and even then the instrument in the penis could not be carried into the bladder. There was a false passage in the corpus spongiosum, from an inch to an inch and a half anterior to the bulb down to the bulb itself, but even when the instrument was in the true passage it could not be passed into the bladder. A small, gum elastic catheter was passed with great difficulty from the perineum into the bladder, and retained. Sickness at the stomach and vomiting followed the use of the chloroform for several days. The canula was removed from the rectum twelve days after it was introduced, and four days after the perineal section was made, at the same time a No. 7 gum catheter was passed into the bladder through the perineum. Two days after a No. 10 was passed through the perineum into the bladder, and also the same size through the penis to the wound, the last not retained. After the lapse of two days a No. 9 gum catheter was passed per viam naturalem. This gave him no pain. The catheter was changed for a No. 10, and this for No. 12, which was used for a month or a little more, when the wound, to which water-dressings only had been applied, appeared healed, and it was removed. He made water without pain—a few drops only escaping from the wound, which soon closed entirely.

The catheter was introduced occasionally that the urethra might not contract. He wore a truss a few days, only for the direct inguinal hernia, and it troubled him no more.

It is difficult to understand how such an effort—straining—could have obstructed the urethra, unless the membranous portion was lacerated by the violent and irregular contractions of the compressor urethræ. It is a noticeable fact that

* Read before the Kings Co. Medical Society.

though the canula was introduced the second time and was retained in the bladder nearly two weeks, yet there was after its removal no evidence of urine escaping into the rectum. It is now three years and a half since the operation, and he says he is as well as ever. His urine is voided in a full, free stream, and no return of the hernia.

Reports of Societies.

NEW YORK PATHOLOGICAL SOCIETY.

STATED MEETING, October 23, 1861.

DR. A. C. POST, PRESIDENT, IN THE CHAIR.

INTERESTING SYMPTOMS CONNECTED WITH MITRAL DISEASE.

DR. CONANT exhibited a heart which was taken from a girl, about seventeen years of age, whose case he had followed up more or less closely for the last eight or nine years. When the patient was first seen, at the age of eight years, she had a blowing sound in the left portion of the heart, so distinct that it could be heard even before the ear was applied to the chest. This abnormal sound continued to exist without any material change in character for the next three or four years, and her general health seemed to be very good. At the age of fourteen she commenced to menstruate, and from that time until her death experienced no variations in the quantity or duration of the discharge. About two months previous to her death Dr. Conant was called to see her in an attack of what appeared to be cholera morbus, accompanied with considerable œdema of the feet. All this, however, subsided after the administration of the ordinary remedies, and she was soon strong enough to resume her daily labor in a hoop-skirt factory. Three weeks after this Dr. C. was called again to the case, on a Monday morning, when he made out in addition to the second attack of cholera morbus, the existence of rather a peculiar symptom, one which he had never seen before, which was the absence entirely of the pulse at the wrist—there was nothing more than a slight quiver, which resembled the pulsations to the jugular vein when there was interruption to the pulmonary circulation. He listened to the heart and found that neither of its sounds was at all distinct. A careful examination of the popliteal, femoral, carotid, and other superficial arteries revealed the same state of things. This condition of the circulatory apparatus remained for several days, and Dr. Conant came to the conclusion that one of two things had happened: either a fibrinous clot had formed in connexion with the valves, preventing their closure, or there was ulceration of the valves themselves which allowed the blood freely to regurgitate. Some carbonate of soda was prescribed in the hope that the clots, if any such existed, should be dissolved, and other remedies were also given for the vomiting and purging with the effect of controlling those symptoms. Six or seven days after the first appearance of the symptoms the radial pulse became very slightly perceptible, but so irregular that it was impossible to count it. The sounds of the heart were more distinct, but were far from being natural. For a day or two before her death she was again seized with vomiting and purging, which, despite the various remedies used, continued until her death.

A post-mortem examination was made on the day following, and in accordance with a promise made the mother, only the heart was removed. Upon opening the thorax a considerable amount of adhesion was noticed between the pericardium and heart, but there was no serum. The left lung was completely adherent to the chest, the result of old pleuritic deposits. In the cavity of the chest there was a pint of serous fluid, otherwise the organ was healthy. On dissecting out the pericardium Dr. C. removed the heart and aorta. On opening into the organ the tricuspid valves were apparently perfectly normal; the mitral valves were very much thickened, and just above them, in the left auricle, quite a large deposit, apparently calcareous, was found; also a similar deposit above the valves underneath the endocardium. The organ was somewhat flabby, but was not enlarged. The case was interesting, because Dr. C. thought that there could have been no possible doubt but that extensive disease of the semilunar valves existed. The fact that he could find no pulsation in any of the arteries led him to refer the disturbance to some general cause, but what that was he could not ascertain, inasmuch as the examination was necessarily limited.

SUCCESSFUL REMOVAL OF THYROID GLAND.

DR. VOSS gave the following history of a lady aged fifty-four years, from whom he had removed a hypertrophied thyroid gland. At the age of twelve she first noticed an unnatural fulness of the throat, which gradually became more marked and defined up to the time of the operation. No reason could be found for the appearance of the growth, either so far as hereditary, endemic, or any other influences were concerned. During the whole of her menstrual life, which extended from her sixteenth to her forty-eighth year, she had always suffered from dysmenorrhœa, and was in consequence childless. At different periods of the existence of the tumor various forms of medication were resorted to, but the only effect was a slight diminution in its size. Within the last seven years the tumor, having attained quite a large size, occasioned her a great deal of difficulty in swallowing and breathing, so much so that towards the last she was unable to lie down. While in Germany, she applied to have the tumor removed, but the operation was denied to her. At that time she was directed to take iodine, which she did, until iodism was induced. Her sufferings from the presence of the tumor at last became so aggravated that she earnestly requested its removal. The size of the tumor before the operation was equal to that of a clenched fist; it was flattened antero-posteriorly. It was situated more to the left than the right, and consequently pushed the trachea to the right side. On palpation neither fluctuation nor pulsation could be felt. When standing erect the head could be moved very well from side to side, but the slightest motion backwards occasioned her distressing dyspnœa. The difficulties in the removal were comparatively small. A long incision was made from the upper part of the thyroid cartilage down to the manubrium of the sternum. As one part of the mass on the left side reached somewhat behind the sternum, the detachment of the tumor was commenced on the outer surface, and the vessels which came from the lower right side were secured. There was comparatively a small amount of venous hæmorrhage in this step of the operation, but when the left side of the tumor was reached the venous flow was very profuse and unmanageable, until the mass being detached as far as possible the chain of the *écraseur* was placed around it and the whole removed. The resulting wound was perfectly dry. The patient progressed remarkably well since the operation, the pulse at no time during the last two weeks exceeding ninety beats per minute.

The tumor on microscopic examination proved to be non-malignant in character, and composed of fibroid, colloid, and vascular tissue.

DR. WOOD remarked that operations connected with the thyroid gland were always interesting in connexion with the great amount of hæmorrhage that was apt to occur. He stated that the operation for the removal of this gland had been performed two or three times in this city. He knew of two instances of death from venous hæmorrhage. "I recollect," remarked he, "that when I was a student there was a gentleman in this city who attempted the operation upon an English lady; he cut down upon the body, and before he had fairly removed it the venous hæmorrhage was so great that she died. I recollect another case, where the operator attempting to remove the tumor took the precaution to apply ligatures at four different points. They were introduced doubly by needles, and then tied, but so great was the hæmorrhage that the next morning death

resulted. I remember seeing the chairman operate on one of these cases and the same thing obtained there; the veins were enormous. If I remember rightly he did not continue the operation necessary for its removal. I take it that the tumor presented to-night is a very unusual form. I have never seen the thyroid body presenting that appearance, having the three characters, vascular, fibroid, and colloid combined."

Dr. Post remarked that the case alluded to by Dr. Wood was one which had been previously seen by Drs. Mott and Van Buren, and neither they nor he regarded the thyroid body as being the seat of the disease; the actual magnitude of the tumor disguised its origin. When, however, the operation was commenced by Dr. Post it was found that the thyroid body was the tumor, and that the veins which ramified through its substance varied in size from that of the little finger to the thumb. One lobe of the tumor was so much exposed that he applied to it two ligatures, and afterwards unwisely exsected a portion of it. The operation was abandoned, and shortly after frightful hæmorrhage succeeded, and Dr. Wood being near at hand available assistance was rendered. A good deal of febrile excitement followed, the tumor diminished one half as the result of subsequent suppuration, and the patient finally recovered.

Dr. Voss, in answer to a question from Dr. Sayre, gave it as his opinion that the unpleasant result of alarming hæmorrhage was prevented by the timely use of the *écraseur*. He stated that the profuse hæmorrhage at the lower and left part of the gland was due to a large vein which was fully the size of his finger. In the application of the écraseur this vein was left free, the upper parts of the tumor were grasped, and when the supply of blood from the superior thyroid arteries was thus cut off the venous hæmorrhage ceased at once. He agreed with Dr. Wood in saying that the tumor was unique in character, from the fact that it combined three characters in one, and contained none of the cystic elements of which goitrous tumors were for the most part composed.

American Medical Times.

SATURDAY, JANUARY 4, 1862.

TREATMENT OF COMPOUND FRACTURES.

We cannot let a remark by an army surgeon in the Medical Times of Nov. 30, pass without adding a few observations which it suggests. Writing from Springfield, Mo., after a visit to the hospital in which were many of the wounded at the battle of Wilson Creek, where the brave Gen. Lyon lost his life, Dr. Rawson, Surgeon to the 5th Reg., Iowa Vols., says:

"I was shown several cases of compound comminuted fracture of the thigh, leg, and arm, in all of which the bone had united, and some healed up permanently, and in others there was more or less of exfoliation, but with every prospect of final recovery. I saw one case of badly shattered ankle-joint, by a large grape-shot burying itself within. The shot was removed, and the doctor said the limb would have been amputated, only that there was no adhesive plaster in town. * * * * Considering the number of cases, the serious character of the injury, and the result in all of them that I saw, I can but come to one conclusion, that many, very many limbs are removed that might be saved, and this I will show at some future time."

The question involved in this paragraph has been one of the most interesting and important in civil or military surgery. In what cases of compound fractures can the limbs be saved, and in what must they be sacrificed, is the anxious study of every enlightened and conscientious surgeon. The rule governing the operator heretofore has been quite arbitrary; he has had little opportunity to exercise his judgment, or consult the modifying circumstances which surrounded him. It was quite sufficient in military practice to know that a compound fracture was occasioned by a gun-shot, to have the course of treatment definitively settled. Amputation was practised without hesitation, and without consultation. Two facts derived from experience established this rule; one, that great mortality followed these injuries where amputation was not performed, and the second, that when the limb is saved it is often useless. Within given limits these reasons in favor of amputation are both valid, but it is evident that they are very unsafe guides to any but the most conscientious and experienced surgeons. Liberally construed, these facts allow the utmost license to the operator, and do not, we are persuaded, give the maximum of useful limbs saved, and the minimum of lives lost.

There can be no doubt that in civil practice many limbs and lives are now saved in compound and complicated fracture that at no remote period past would have been sacrificed. Older surgeons would scarcely have thought of saving a limb in which the fracture involved the joint. In military practice there are evidences of a strong tendency towards the conservation of fractured limbs, however complicated. Fractures involving large joints do not now lead to the immediate condemnation of the extremity. Resection might still give a favorable issue to the injury. The recent report of the British army shows that in the late war in India amputation was not so frequently performed after compound fractures of the femur as in the Crimea, and that more cases were saved. Mr. Taylor, Inspector General of Hospitals, remarks upon the tables establishing these facts:—

"The preceding tables show, of the Indian wars as compared with the Crimean war, that the thigh-stump cases arrived home from India are a fraction more numerous than those from the Crimea, in proportion to the total arrived by all wounds; and that the recovered cases of gunshot fracture of the femur also arrived are, in proportion to the total wounded, four times more numerous from India than from the Crimea. In other words, the proportion of thigh-stump cases being so nearly the same, the gunshot fracture of the femur cases from India, over and above the proportion from the Crimea, may be received as representing the proportion of cases of this description of wound lost there by amputation, or by less favorable circumstances of service. The difference, I believe, is to be explained by the better appliances and means attending field hospitals in India, and the less frequent practice there of amputation in this description of wound. The difference is not to be explained by difference of missiles; for in the Peninsular war, where no other than the sixteen to the pound bullet was used, the impression of surgeons experienced in the surgery of that war was, that in only few exceptions should a gunshot fractured thigh not at once be amputated. This rule greatly influenced the practice of surgery in the Crimean war, and hence, in a considerable measure, I believe, the less favorable results thence than from the mutiny in India, when surgeons were not only deterred from amputation of the thigh by the Crimean experience of the fatality attending that operation, bnt were more inclined to attempt preservation of the limb by the better means at hand for the conveyance and treatment of such compound fractured thigh-cases."

A DEACONESS INSTITUTION.

Eighteen years ago two benevolent ladies of Strasburg, France, went forth with bread and medicine among the poor and sick of that city. From that small beginning has grown up an Institution far-reaching in its influences upon the destitute poor. Its aim is to educate women to the care of the sick, and qualify them by practice for all the duties that devolve on the managers of Charities. The result of this effort has been in the highest degree satisfactory. A visitor at this institution three years after its organization, when the little band lived in a small hired house, thus describes its internal appearance: "In 1846—fifteen years ago, and but three years after the commencement of the Institution—it was our privilege to visit the hospital, asylum, and charity schools under its care, and we have ever since preserved a most pleasant impression of all their surroundings. There was about them an indescribable something which touched our heart, and the influence of which we feel to this day. The very atmosphere seemed to breathe of purity and peace. The linen of the beds was of faultless white, the floors were scrupulously clean, the sick and aged ministered unto with unaffected kindness, the charity to the poor so sweet and genuine, and the whole bearing of the deaconesses indicative of a piety so evangelical and healthful, that we went away with the conviction that a future, full of honorable usefulness, awaited this youthful Institution." From the eighteenth Report, 1860, an abstract of which we find in the *Lutheran Observer*, it appears that this organization now numbers eighty-four well trained nurses, whose labors extend to many neighboring hospitals, asylums, etc. Thirty-five are devoted to the following charitable institutions of Strasburg: 1. A large hospital, which since its commencement has nursed many thousands of sick, and during the past year numbered 247 patients. 2. A Retreat for aged and feeble persons, who are destitute of friends; these number twenty. 3. A Training School for Domestics, the object of which is to qualify young girls to be servants in respectable families. 4. A House of Refuge (*Disciplinaire*), the inmates of which have been committed by the police for offences of a less grade than would send them to prison. 5. The Magdalen Asylum, for the fallen. 6. The Children's Protection, Creches, where poor women, compelled to go from home to work, leave their babes during the day, and call for them in the evening. The "Creches" has daily from thirty to forty of these little ones. 7. A large Soup House, where the very indigent are supplied with soup during the winter months. Forty-nine are engaged in similar institutions in various parts of France and Switzerland as follows: The first they took charge of, is the large City Hospital at Muelhausen (France), where fifteen are yet laboring. No less than 1443 sick were nursed last year in this institution. 2. The care of the poor and sick in the same city. This is divided into six districts; in each there is a deaconess among this hitherto neglected class. They are nursed in their own dwellings, but the wretched condition of many of these has led to the purchase of a large house, which is now being fitted up for a private hospital and a home for the sisters. 3. The Citizens' Hospital in Neufchatel (Switzerland), where from three to four hundred sick are annually nursed, and many thousands of indigent strangers are fed during the year. 4. A second Hospital in the same place, with five hundred patients annually, who have not the right of citizens in the first institution. 5. The Training School for Christian domestics in Colmar (France). 6. The Hospital, and charge of the indigent sick in their dwellings; at the same place. 7. The care of the sick and poor in the Lutheran congregation of Illzcab. 8. The Protestant Hospital at Gebweiler (France). This fine institution is the charitable foundation of a wealthy family, whose heart God has touched with compassion for the suffering. 9. The Hospital at Chenal (France), and the care of the sick and poor in the Lutheran congregation. Here, likewise, a devout family have manifested their interest in this work by the erection of a beautiful hospital, with the most ample and comfortable arrangements for the care of the patients. 10. The Citizens' Hospital at Montbeliard (France), where enlarged accommodations are being provided for the sick. 11. The Protestant Hospital at Rappoltsweiler, in connexion with the care of the indigent sick in their dwellings.

The proofs which these abstracts furnish of the prosperity and great usefulness of this Order of Christian women is well worthy of attention. It educates to usefulness in the care of the sick, and in deeds of charity, a class of qualified women who are moved by the highest moral impulses. Of the natural adaptation of the other sex to the care of the sick there is no question, and when we add to this qualification a profound religious conviction of duty, we find concentrated in the individual the true requisites for great usefulness in all charitable offices. Institutions devoted to the culture of these virtues, and to rendering them susceptible of application in practice, deserve the encouragement and support of every Christian community.

We are glad to learn that these institutions are multiplying in widely different parts of the world. They should be able to extend their good influences to every city, and every town where objects of charity exist. In this country we have great need of them, especially at this time, when our immense military hospitals are requiring the highest degree of skilled nursing. We are aware of but a single Institution of Deaconesses in this country. This is located in Pittsburg, and was founded about fourteen years ago. It has furnished, under the Directorship of the Rev. Mr. Passavant, many first class nurses to our military hospitals. Had these institutions been formed in all Protestant churches, we should have now had a full supply of well trained nurses. The editor of the paper above quoted very truthfully remarks: "What scores of Hospitals for the sick, Homes for the fatherless, Retreats for the aged, Refuges for the fallen, and Schools for the neglected, might we not have over this goodly land! What healing and comfort might we not bring to the wounded and languishing in our army, with such trained and disciplined nurses! Indeed, there is no limit to the good which might be done by such an association, laboring in the spirit of our evangelical faith, and after the manner of the primitive deaconesses! But will this ever be?"

WEEK.

The London *Lancet* makes the following comments upon the Report of the Boston Society, "on the alleged dangers which accompany the inhalation of sulphuric ether."

"We have not the least doubt but that the Boston Committee has believed itself justified in coming to this decision. We, upon the contrary, think it has mystified itself in a maze of special pleading and assumption. The same desire

to seek for a more recondite cause of death than that by ether applied to the fatal cases from chloroform, would equally acquit this agent also, and explain away half of its alleged mortality. The details of many of the cases given in the Report are, no doubt, of such a kind as to show that the inhalation of ether was probably not unavoidably and unquestionably the cause of death, unhelped by contingent circumstances. But may not the same thing be said of many of the recorded deaths from chloroform? Further, the perusal of other cases cannot but lead the unprejudiced mind to think that to the ether, and the ether alone, is the fatal event to be attributed. Only let the word *chloroform* be substituted for *ether* in these instances, and the Boston Reporters would not have much hesitation in assigning the cause of death. We do not think, then, that our American *confrères* have by any means proved the perfect innocuousness of ether. They have published, however, a very interesting Report."

The *Med. Times & Gaz.* has the following note:—

"No one can read the Report upon which the above conclusions are founded, without being struck with its partisanship. 'Ether and nothing but ether' has evidently become a Bostonian maxim which must be maintained at all hazards. We were not aware of the increasing conviction in its favor which the Reporters tell us is spreading in Europe. Fortunately, as an antidote to the exclusiveness of their conclusions, they have appended abstracts of the forty or fifty alleged deaths from the employment of ether; and certainly no one can peruse these without feeling convinced that in several of them the charge is substantiated. These may be few; but when we consider the fact that the use of ether is well-nigh abandoned, while chloroform is annually employed in thousands on thousands of cases throughout entire Europe, the disproportion of resulting accident is not so great; and in neither case is it greater than appertains in any other powerful article of the Materia Medica."

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The following are the views of the representative of French Surgery on the resection of the head of the femur, as given by a correspondent of the *Lancet:*

M. Velpeau has taken up the cudgels on behalf of French surgery, and on Tuesday last at the Academy of Medicine undertook to exculpate the Parisian school from the charge of having either ignored or neglected the operation of hip-joint resection. So far, indeed, was the speaker carried by his patriotic zeal, that he actually made out a case of priority in favor of France, and asserted that many years ago the subject was discussed in this country, and *that* before it had been even thought of elsewhere. "If," added M. Velpeau, "we do not often resort to this surgical expedient, the reason most probably is, that we cure more of those affections to which it is applicable than our foreign brethren. One undeniable fact is, that internal measures and medical treatment with us form a prominent part of the curative system; and to a neglect of these points by the surgeons of other countries may be attributed the necessity for this operation. The English surgeons for the most part have no medical degree, and, being less of physicians than we are, are consequently more disposed to adopt exclusively surgical measures . . . . . In dealing with the question of risk to the patient in the performance of this resection, I must remark that on such occasions justice is very rarely rendered to the surgeon, the dangers of the operation being so invariably confounded with those of the malady. Considered by itself, this operation is neither dangerous nor very difficult; and if we perform it less than our neighbors, the fact has been attributable to our having had less occasion for it." M. Velpeau terminated by hinting that there might also exist some difference between the English and French constitution, and stated it as his decided opinion that there were some operations which succeed better in one country than in another. His conclusion was as follows: "I should not think of resorting to disarticulation until the life of my patient was menaced by the progress of suppuration, and until I felt satisfied of the existence of extensive necrosis; and before commencing the operation I should require the assurance of a physician that no internal complications existed to counterindicate its performance or compromise its result: with these reserves, I admit the propriety of the operation."

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Three of the Medical Officers of the French armed vessels now visiting our port (Dr. Mauger, Chief, and two of his colleagues), visited the New York Hospital on Monday the 23d ult., and were received by the attending physicians and surgeons. After going through the principal wards of the central and south buildings, a number of medical and surgical cases attracted the particular attention of the visitors, and elicited remarks showing the lively interest they took in the methods of treatment employed, some of which were new to them. The method of heating, ventilation, the buildings, and the cleanly condition of every part of the institution, called forth expressions of high commendation. The pathological cabinet was then inspected; after which the company convened in the library-room, where an ample collation was spread.

Members of the Board of Governors, the Consulting Physicians and Surgeons, and other invited members of the profession, joined the company, and participated in the entertainment. Dr. A. H. Stevens presided, and prefaced the proceedings with an appropriate address. Dr. Buck, the Senior Attending Surgeon, on behalf of his colleagues, then made an address to the guests in French, of which the following is a translation:—

"Gentlemen and Honored Colleagues—The Physicians and Surgeons of the New York Hospital esteem themselves happy to have this opportunity of entertaining such worthy representatives of the medical corps of the French navy. Numerous historical recollections tend to strengthen the bonds which unite our respective nations. Several of our own number have had the privilege of visiting your metropolis and availing themselves of its immense resources for medical education. The remembrance of these advantages is ever present and agreeable. Gathered to-day within these walls where the most brilliant triumphs of American surgery have been achieved, we beg leave to express to you our sentiments of gratitude and consideration.

"It was here, gentlemen, that our eminent Dr. Mott, in 1819, astonished the scientific world by the ligature of the arteria innominata for the first time. It was here, too, that our regretted Rodgers, in 1845, applied for the first and only time a ligature to the left subclavian artery on the inner side of the scaleni muscles; an operation declared impracticable by distinguished surgical authorities, and which the renowed Sir Astley Cooper attempted, but was obliged to abandon. Accept, gentlemen, our cordial welcome, and the assurance of our sincere fellowship."

Dr. Mauger replied, that he and his colleagues were deeply sensible of the honor conferred upon them by this friendly reception. They had been exceedingly gratified with what they had seen of the hospital. They should retain a most agreeable recollection of their visit, and would delight to have an opportunity of reciprocating these civilities on their own shores. Other gentlemen made brief and appropriate remarks suitable to the occasion. After partaking of the ample collation, the company broke up, every one appearing highly gratified with the agreeable entertainment.

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Germany has its National Medical Congress. Its organization resembles the Association in this country, and like

the latter, is migratory in its character. Its last session was recently held at Speyer, and seems to have been very fully attended. It is divided into Sections, the Medical being as follows:—The Physico-Chemical; the Medical; the Gynæcological; the Surgical, and the Anatomical and Physiological. In the discussions before these Sections we find the well known names of Virchow, Schönbein, Czermak, Roser, and others. The Society was received by the town authorities with many compliments, and its Session in that city seems to have been regarded by the people as an honor.

Reviews.

A Report to the Secretary of War of the Operations of the Sanitary Commission, and upon the Sanitary Condition of the Volunteer Army, its Medical Staff, Hospitals, and Hospital Supplies. December, 1861. Washington, D. C.: 1861. 8vo., pp. 107.

The columns of this journal have borne ample testimony to the appreciation and friendly interest that is entertained by us and the medical profession generally in the objects and efforts of the Sanitary Commission for the Army. We have endeavored to preserve in our own minds a vivid and just estimation of the peculiar character and unprecedented value of the lives and health of the hosts of patriotic soldiers that are swelling the *corps d'armées* from the Chesapeake to Kansas, to the unparalleled aggregate of nearly a million of citizen soldiery. The history of modern warfare has left the estimates for disability from disease, as given in the writings of Sir John Pringle, but little more creditable to army hygiene than were those a century ago. From twenty to twenty-five per cent. of those who have escaped the wounds of battles, have almost inevitably been left sick in the hospitals at the end of campaigns. The average rate of sickness in Wellington's peninsular campaigns was twenty-one per cent., constantly sick, of the total strength; and in the Crimean war the rate reached the enormous average of 26.6 per cent., while the death rate went up to twenty-three per cent. of the total strength, three per cent. being from wounds and casualties of war, and twenty per cent. from *disease*.

In view of such unerring and terribly significant records it would be difficult to overrate the importance of the work undertaken by the United States' Sanitary Commission. With eager interest have we noted and perused the documents and special reports issued by the Commission, until now, when the *thirty-sixth* has reached us; some of these papers being advisory and suggestive, others being for inquiry or instruction. At last, at the close of the year and of the first seven months' work, an elaborate and able Report has been presented to the Secretary of War. It is a document worthy the enlightened philanthropy and patriotism of the noble men composing the Commission. The following topics are specifically treated of in this Report:

"Organization and Duties. Preliminary Survey. Financial Basis. Advice. Inquiry. Condition of the Volunteer Army; Time of Recruiting, Nativity, Age, Inspection of Recruits, Situation of Camps, Water, Occupation of Camp Sites, Natural Drainage, Artificial Drainage, Camp Arrangement, Tent Accommodation, Ventilation, Tents, Flooring, Privies, Disposition of Offal, Stables, Camp Police in general, Clothing, Cleanliness, Food, Company Funds, Hospital Fund, Cooking, Sutlers, Drunkenness, Discipline, Recreations, Regimental Bands, Remittances of Pay, Qualifications of Surgeons, Camp Hospitals, Classification of Hospitals—Table, Resumé of Sanitary Condition of Regiments—Table. Mortality, Diseases and Casualties; Extent and general character of diseases, Quinine as a prophylactic. Disposition of the Sick—Table; Prevalent Diseases, Diseases and Casualties of the Army Statistically Classified—Table, Number of Diseases and Casualties of each class and order to 1000 treated. Tendencies of Disease; Typhus, Measles and Small-pox. Military Hospitals; Defect in Present Hospital Arrangements, Relation between General and Regimental Hospitals, Technical Difficulties in the Hospital System. Medical and Surgical Service of the Army; Regular Service, Volunteer Service, Transportation. Volunteer Hospital and other Supplies; Depots of the Commission, Freight, Amount of Supplies Distribution, System of Distribution, Reserved Stock of Supplies, Insufficiency of Government Reserves, Supplies for men in the Field. Special Relief to Volunteers in Irregular Circumstances. Distribution of Advisory Documents. Record of Burials. Disbursements. Members of the Commission. Importance of Military Hygiene. Appendix: I. Officers of the Commission. II. Staff of Inspection. III. Example. IV. Notes on Bull Run. V. Ambulance. VI. Volunteer Army Supplies."

As this important Report may not be placed within reach of most of our readers, we will make the following interrupted quotations from its various chapters:—

Duties.—"The Commission has, from the first, fully recognised the fact that its office was purely auxiliary and advisory, and that it was created solely to give what voluntary aid it could to the Department and the Medical Bureau, in meeting the pressure of a great and unexpected demand on their resources.

"The Medical Bureau especially, organized with reference to the wants of an army of only a few thousand men, seemed likely to be most seriously embarrassed in its operations, when called on to provide for a newly levied force of several hundred thousand, especially as both the officers and men of these hastily assembled regiments were mostly without experience, and required immediate and extraordinary instruction and supervision to save them from the consequences of exposure, malaria, unwholesome food, and other perils of camp life.

"The Commission met for the first time at Washington, on the 12th June last, and proceeded to organize and to settle, so far as was then possible, the general scheme of its operations.

Advice.—"For this purpose the Commission proceeded, as speedily as possible, to secure the services of a body of physicians specially fitted for the required duty, and to send them into the field at various points from Fortress Monroe to St. Louis. * * * Fourteen well qualified physicians are now employed by the Commission, each having a defined portion of the army under his observation. Six other gentlemen, each possessed of special acquirements, are engaged on special duties."

"Among the subjects to which their attention is especially directed, and on which they are required to make detailed written reports, are the quality of rations and of water, the method of camp cooking, the ventilation of tents and quarters, the drainage of the camp, the healthfulness of its site, the administration of the hospital and the sufficiency of its supplies, the police of the camp, the quality of the tents and of the clothing of the men, the material used for tent flooring, if any, etc., etc. * * * The effect of the advice given by the Inspectors of the Commission is found not to be confined to the particular camp visited, or to the officers with whom they converse. The example of one regiment in reforming abuses and enforcing sanitary laws is very generally followed by others near it, and an emulation is excited among company and regimental officers, the beneficial effects of which have been noticed in many cases where an ill-regulated regiment has been transferred to the neighborhood of a cleanly, well-policed, thoroughly drained, and salubrious camp. * * *

Inquiry.—"After the inspection of each camp or post, the inspector is required to make an elaborate report upon its condition. This report consists mainly of written answers in the most exact and concise form to a series of printed questions, one hundred and eighty in number, covering every generally important point connected with the sanitary condition of the army.

"More than four hundred of these reports have been received by the Commission. Their results are carefully tabulated, and suitable digests prepared by an accomplished actuary. The Commission is not without hope, if it should be enabled to continue its operations, eventually to lay before the country a body of military medical statistics more complete, searching, and trustworthy than any now in existence."

The following is an imperfect abstract of some of the results of the work in the field of inquiry, based upon accurate and repeated inspection returns in two hundred regiments:—

Average Time of Recruiting—6 weeks; *Nativity*—76¼ per cent. are native Americans, Germans, 6½, Irish, 5½; *Average Age*—A little below 25 years, more than half are under 23, and the number at 20 is twice that at 25 years; *Inspection at Enlistment.*—Not inspected in 58 per cent., in 9 per cent. there had been thorough re-inspection. A careful examination of the causes officially assigned for the discharge of 1,620 men from the army of the Potomac, as unfit for service, during the month of October, leads to the startling conclusion that fully 53 per cent. of the whole number were thus discharged on account of disabilities that existed at and before their enlistment, and which any intelligent surgeon ought to have discovered on their inspection as recruits. This conclusion is sustained by information from other sources. These men had each, probably, cost the Government at least one hundred dollars for his pay, rations, clothing, transportation, medicines, etc., making an aggregate of over eighty thousand dollars absolutely wasted on men who ought never to have been enlisted.

Situation of Camps.—* * * The regimental surgeon has seldom been consulted on the subject. * * * *Period of Occupation*—21 days. * * * *Tents.*—58 per cent. are in wedge-tents; 10 per cent. in wall-tents; 7 with the bell, and 19 with the Sibley (conical). * * * *Cleanliness.*—In 80 per cent. daily washing and personal cleanliness was attended to by authority, and shirts washed once a week.

Food.—"Everywhere abundant, but with a lack of fresh vegetables." *Discipline, etc.*—Average number of men in guard-house daily, two and three-fifths in each regiment. *Recreations.*—One-fifth of the regiments have libraries, 42 have athletic sports, 143 have bands of music. * * *

Camp Hospitals.—"The arrangement, equipment, and supplies of the Regimental Hospitals are reported to have been in one hundred and five (105) of the regiments, good; fifty-two (52) indifferent or tolerable; twenty-six (26) bad.

"In thirteen (13) regiments, no hospital whatever had been organized. As to four, there is no report.

"The following table shows the aggregate strength of the two hundred regiments under consideration. The numbers sick in hospitals and in quarters; the proportion sick in hospitals and quarters to every 1000 strength, and to every 1000 cases on the sick list:

Of 200 regiments last visited previous to November, 1861.	Aggregate numbers.	Present strength on sick list.	
		Proportion to every 1,000.	Proportion to every 1,000.
Strength when mustered.....	176,639		
Strength when inspected.....	176,042		
On sick list at time of inspection..	12,841	73	1,000
Sick in General Hospital.....	2,756	16	215
" Regimental Hospital.....	2,978	17	231
" Quarters.....	7,112	40	654

"The average number of men constantly sick in the regiments from several of the States respectively, is nearly as follows:

New York,	(per thousand strong,)	. . .	55
Pennsylvania,	" "	. . .	57
Massachusetts,	" "	. . .	52
Connecticut,	" "	. . .	49
Vermont,	" "	. . .	88
Maine,	" "	. . .	124
New Jersey,	" "	. . .	36
Wisconsin,	" "	. . .	76
Indiana,	" "	. . .	42
Michigan,	" "	. . .	76
Illinois,	" "	. . .	156
Ohio,	" "	. . .	192

The average length of time lost for active duty, in each case of sickness reported, has been a little more than five days (5.18).

"It has happened in more than one instance that upon an order to advance against the enemy being given, every man of a regiment then on the sick list immediately reported himself well, was discharged, and shouldered his musket in the line of battle. It is probable that at least one-half those returned as sick by the surgeons of volunteers would do the same, under similar circumstances; that proportion being excused from duty on account of a cold in the head, severe fatigue, or a slight indigestion.

Mortality.—"The average mortality of the army of the Potomac has been, during the summer, at the rate of 3½ per cent., (allowance being made for those who die after their discharge, from causes connected with army life.) Imperfect data received from the West indicate a considerably larger rate for the whole army; probably it will not be far from 5 per cent. if sweeping epidemics should be escaped."

DISEASES AND CASUALTIES OF THE ARMY STATISTICALLY CLASSIFIED.

Diseases, etc.	Number of Cases Treated.		
	Army of Potomac.	Army of the West.	Aggregate.
All Cases.....	15,439	12,215	27,654
Specified Cases.....	15,439	12,087	27,526
(Classes.)			
Zymotic Diseases.....	9,437	9,228	18,665
Constitutional Diseases.....	193	77	270
Local Diseases.....	4,737	2,086	6,823
Developmental Diseases.....	520	427	947
Violence.....	552	269	821

At a future time we will present to our readers both the argument and the elaborate statistical tables by which the Commission urges, with masterly cogency, the importance of an improvement in the regulations relating to the medical and sanitary statistics of the army. The subject of educational, departmental, and other improvements needed in the medical service, also requires special notice. The Report boldly enunciates strong convictions upon these points; as it likewise does concerning needed improvements in the organization and management of military hospitals of every class.

Advisory and Scientific Publications.—"The Commission, having enrolled among its associate members many distinguished members of the medical profession throughout the loyal States, has thought it fairly within the scope of its duties to invite them to aid in the protection of the army against disease, by the preparation of papers intended to embody in a brief compass the latest results of medical and surgical science, in regard to various special points of great practical importance, as to which some of our volunteer surgeons, necessarily inexperienced in their new field of army medicine, surgery, and hygiene, and without access to libraries, may need information and advice. The duty of compiling these papers has been confided by the Commission to leading members of the profession in our principal cities; and papers on re-vaccination, on the treatment of camp fever, on dysentery, and on certain surgical operations of importance, but not universally understood, are now completed or in progress. These the Commission proposes to print, and to place in the hands of every member of the medical staff."

Record of Burials.—"The Commission has endeavored to obtain information by which the place of burial of the volunteers who have been killed in battle, or who have died in hospitals, may be established. They have also elaborated a system of records for those dying in hospitals, and of indications of their burial-place, by which their bodies may be identified; which has received approval, and been ordered to be carried out, blanks and tablets for the purpose being furnished to each regimental quartermaster."

Such labors require no comment from us. They have been conceived and are prosecuted in the true spirit and by the most enlightened intelligence of our profession. Their reward is on high. The Report truly states that—

"The one point which controls the Commission is just this: a simple desire and resolute determination to secure for the men who have enlisted in this war that care which it is the will and

duty of the nation to give them. That care is their right, and, in the Government or out of it, it must be given them."

Are our brethren throughout the land fully aware of the purposes and the wants of the Sanitary Commission, and will they see that its operations are not crippled by any lack of material aid? Why should not every physician present its claims to the people of his neighborhood? It is emphatically the medium through which the affectionate hearts and hands at home minister most directly and effectively to the health and comfort of their loved ones in the army, and to the strength of their country's cause. Unless the Government will assume the support and control of this or similar machinery for effectual sanitary surveillance and instruction, we say let the means of the Sanitary Commission be quadrupled.

Correspondence.

OBSEQUIES OF M. SCRIVE.

[To the Editor of the American Medical Times.]

Sir:—M. Scrive, Inspector of the *Service de Santé* of the French army, was buried on the 21st of October last. His remains were followed to the grave by a large number of distinguished men. Three speeches were pronounced over the tomb of that illustrious surgeon. It will, I think, interest medical men, and particularly military surgeons, to read the speech of Baron H. Larrey, which embodies the principal events of Scrive's life. I therefore submit a translation.

Baron Larrey said:—Scrive (Gaspard Léonard), born at Lille, January the 13th, 1815, belonged to an honorable commercial family of that city. Called by taste to the study of medicine, and by vocation to the medical military service, his labors met with encouragement and success. He entered service at seventeen, in 1833, as student in surgery at the Military Hospital of Instruction at Lille, and there obtained the first prize at the competition of 1834. Appointed Under Assistant-Surgeon (Chirurgien Sous-aide) at the same hospital, towards the end of that year, he was transferred to the hospital of Lyons during the epidemic of cholera which raged in the south of France, and spent the following year at the Val-de-Grâce, where he filled the place of preceptor of anatomy. In 1837 he obtained the first rank at the competition for the grade of Assistant Surgeon-Major (Aide-Major), and was sent to the active ambulances of the army of Africa. Attached particularly to the Hospital of Douéra, which formed then a vanguard pass, he gave there the proofs of a surgical skill which presaged for him a brilliant career.

He belonged first to the 7th Light Infantry, then in 1838 he joined the 17th of the line, and in 1840 entered the hospital service. He was first stationed at Strasbourg, having failed in a competition for the chair of Surgical pathology at the Val-de-Grâce. A short time after this, February, 1841, he was successful in a competition for a chair in the Hospitals *d'Instruction*, and was appointed professor at Lille, with the rank of Assistant Surgeon-Major of first class (Aide-Major 1ère class).

In 1844 he was promoted to the rank of Surgeon-Major, second class (Chirurgien-Major, 2ème class), and in 1847 to that of Surgeon-Major, first class, at the same station. The hospitals of instruction were suppressed, and he gave up teaching. In 1851 he entered the Hospital of Valenciennes as *Chef de Service*, and in 1852 he was appointed principal physician of second class (médecin principal) in the hospitals of Oran.

Lastly, M. Scrive was at Mostaganem in 1854, when he had the honor of being appointed head of the medical staff of the French army in the Crimea. The following April he was promoted to the rank of physician in chief of first class (médecin principal de 1ère classe), and two years later to that of physician inspector (médecin inspecteur), as a reward for his excellent services, and his prodigious activity during the whole course of that memorable campaign.

He was doubly and nobly rewarded in the Legion of Honor, for his services. At the end of December, 1854, he was made a *chevalier*, and as early as the month of August, 1855, he was promoted to the rank of officer. At that time he received also the foreign orders of Commander of the Turkish order of Medjidié, of Knight Companion of the Bath (English order), of the Sardinian order of St. Lazare (2d class), and of the Crimean medal of England, showing by his four clasps the active part he had taken to tell the phases of the expedition of our valiant army from the first day of their departure from France, to the last moments of their occupation of the Crimea.

Scrive had already been initiated in Africa to the service of military surgery, first, as assistant-surgeon major of *ambulance*, at the battle of Oued-halley, December, 1839; then in 1840, at the taking of Cherchelle, at the passage of the Col de Téniah, and at the taking of Médéah. He was also with the Seventeenth at the more advanced post of Mitidjah, when the war with the Arabs kept our troops constantly on the alert.

Scrive possessed excellent qualities for the practice of military surgery in the midst of the vicissitudes of war. He was endowed with a strength that could stand the hardest task, with an activity which multiplied efforts, an inventive mind which improvised resources, and that knowledge which appreciates the nature of disease, and the talent which directs and insures the means of remedying it, and the solicitude which provides for successful results.

As Professor of Surgical Pathology and Operative Surgery in the Hospitals of Instruction he had shown great aptitude for teaching, and the advantages of a good method when united to learning and skill. He had worked hard to attain to this proficiency, for he had not yet acquired that vast experience which latter was to complete his learning on the vast field of the Crimea.

Scrive obtained the degree of Doctor of Medicine from the Faculty of Medicine of Paris, in 1837, and was appointed corresponding member of the *Société de Chirurgie*, towards the end of his career in 1859. He has published several estimable works; and has furnished the Council of Health with useful information on military medicine and surgery.

In his *Relation Medico-Chirurgicale de la Campagne d'Orient*, he tells us in the introduction the difficult condition in which the French army was situated, the distances to be travelled, the obstacles to be overcome, and the diseases to be borne; epidemics more disastrous than all the wounds of the battle-field, dysentery, cholera, scurvy, and above all typhus fever, that destructive scourge of the strongest armies, carrying in its train, and even afar off, contagion and death. * * * * * *

Promoted to the rank of *Inspecteur du Service de Santé*, M. Scrive displayed in the exercise of his functions all the activity, all the zeal he had manifested in his important mission to the East; it is not for us to seek here for the causes of his decline (the most probable being undoubtedly a slow but progressive change in the state of his health). Our colleague became sad, uneasy, dissatisfied, and discouraged without apparent reason, since he had, so young, attained the apogee of his career.

Scrive was tall, of a vigorous constitution, with a bright intellect, and a disposition at the same time gentle and impetuous. He was actuated by the generous sentiments of an upright and honest heart; but he also allowed himself to be led astray by the impulses of too ardent an imagination, or by the illusions of his impressive nature.

Affected with a chronic dysentery, the first attacks of which he had felt in the Crimea, in the midst of that campaign, so long and so painful, our unfortunate colleague had felt, for already more than two years, a deep disturbance in his health; he had even experienced some of

the alarming symptoms of a disease of the liver, and notwithstanding the great moral energy with which he was endowed, had felt much grief at his situation.

Living almost isolated with his family, who surrounded him with the tenderest care, in a country-house at Clamart, where he spent summer and winter, he suffered also at not being any longer able to give a free scope to the inspirations of his active organization, and this suffering must have aggravated his condition.

The death of Scrive has been sudden though anticipated. Prepared long ago by the fatal influences of the Crimea; threatening, two years ago, from a double disease of the intestines and of the liver; more imminent still from a recent pleurisy and a relapse, it was suddenly produced by an affection of the brain, whose origin seems to go back also to that glorious campaign, in which our regretted colleague had generously exhausted all the efforts of his activity to fulfil, to the end, his laborious and painful mission.

The regrets of all our *confrères* will be to the memory of Scrive—a pledge of well deserved sympathy. May I have been the faithful interpreter of their sentiments in this loss. Adieu!

Yours, etc.,

D. F. C. Deslandes, M.D.

ARMY MEDICAL STATISTICS.

[To the Editor of the American Medical Times.]

Sir:—In the abstract of Senator Wilson's bill relating to the Army Medical Staff, as given in your editorial columns, it does not appear that any special provision is to be made for the better utilization of the medical statistics of the army. The absence of such a provision would appear to be a defect, inasmuch as statistical inquiry is an essential basis for improvements and reforms—be they economical or humane.

The practical importance of accurate and systematic statistical inquiry, records, and reports, in the medical department of a large army, is too well understood to require new arguments in favor of insuring the proper performance of such duties by skilled hands specially designated for the work. The valuable service that the Army Medical Bureau has performed in the voluntary preparation of its three elaborate "Reports on the Sickness and Mortality in the Army," present honorable testimony to the willingness and desire of the army staff to contribute the results of their observations and experience to the advancement of medical science, and the promotion of military and hygienic economy. But while those valuable reports bear such testimony to the zeal of the staff and to the expert ability of Drs. Coolidge, Wotherspoon, and Forry, who, at great disadvantage, elaborated them, they also afford internal evidence of the want of a system of inquiry and returns commensurate with the progress and requirements of medical knowledge, and adequate to meet every demand that may properly be made upon medicine and hygiene by both the economic and strategic interests of the army. The introduction of needed improvements in the system of records and reports, and the establishment of a special statistical department in the medical bureau, with the ablest medical statistician in the army in supervision, would produce results of great practical value. At the suggestion of Sir Sidney Herbert's Commission of Sanitary Inquiry, the British Government has established a statistical branch in the Director-General's office at London, and a special committee, consisting of Dr. Farr, Col. Tulloch, and Sir Sidney Herbert, have reported an improved system for the army medical reports and statistical records. By that system, "the reports will present an exact and comprehensive view of the army. They will show, *week by week*, the number of effective men, and the number ineffective from each particular cause. They will supply the means of determining methodically the health of the army in peace or in war." And, as the committee has truly asserted, "they will every year contain new contributions to the science of health." That committee also make the following statement:

"If the statistical reports help the Secretary of State for War to reduce largely the sickness of the army in peace and in war, they will, it is plain, save thousands of pounds annually in the estimates. At the same time they will effect a still more important saving; for *they will save the lives of the soldiers.* If soldiers die in battle by hundreds, they die of disease, in hospitals, by thousands. * * *

"Under the system we propose, medical officers will be able to record their observations with increased accuracy, to classify phenomena and to discuss the relation of every order of facts. A good system of army reports will enable the Army Medical Department to develop all its energies, and to distinguish itself by sanitary discoveries, which will increase the efficiency of Her Majesty's army, advance science, and be beneficial to mankind."

This noble view of the utility of medical statistics and their systematic analysis and official presentation applies as truly to the American as to the British army. We express no doubt that the Medical Bureau does all in its power to make the reports and statistical returns of the Army Medical Department permanently useful; but it is no secret that the Bureau, as at present constituted by law, is overwhelmed with its merely clerical and administrative duties. Its constantly accumulating and imperfect statistics and reports can only be studied and utilized at distant and uncertain intervals.

With some fourteen hundred medical officers in the Federal army, and with a prospect of greatly increased importance and responsibility in that branch of professional service, the highest requirements of medical knowledge should be promptly provided for by the harmonious action of the Government and the profession. Animated by principles of patriotism and humanity, such harmonious action would very speedily provide for every needed improvement in the medical service; there would be an adequate division of labor, and the mooted question of *selection* versus *succession* to the purely administrative offices of the department would be quickly and satisfactorily adjusted.

Phila., Dec. 26, 1861. J. C.

Army Medical Intelligence.

HEALTH OF TROOPS AT FORTRESS MONROE.

[Army Correspondence of the American Medical Times.]

Fortress Monroe, Va., Dec. 14, 1861.

The following statistics from the reports of the medical officers of this division of the army, for the months of October and November, are at your disposal.

There were reported on the last day of October, 9821 enlisted men, and 408 officers. There were during the month, 3982 cases under medical treatment; 96 of whom were sent to the General Hospital, 2998 were returned to duty, 21 received a furlough, 34 were discharged from service, 1 deserted, and there were 22 deaths. There remained sick 285, and 535 were convalescent. The principal diseases were: of fevers, 28 cases of congestive, 24 of continued, 464 of intermittent, 326 of remittent, 3 of typhus, and 61 of typhoid; there were 7 cases of erysipelas, 7 of rubeola, 11 of cholera morbus, 119 of colic, 109 of constipation, 552 of diarrhœa, 75 of dysentery, 7 of gastritis, 1 of hæmatemesis, 35 of tonsillitis, 99 of bronchitis, 179 of catarrh, 4 of hæmoptysis, 2 of laryngitis, 15 of phthisis pulmonalis, 16 of pleuritis, 13 of pneumonia, 1 of carditis, 1 of endocarditis, 2 of pericarditis, 49 of cephalalgia, 1 of chorea, 4 of delirium tremens, 5 of epilepsy, 4 of mania, 1 of meningitis, 9 of neuralgia, 1 of paralysis, 7 of syphilitic bubo, 53 of gonorrhœa, 4 of nephritis, 9 of orchitis, 9 of primary syphilis, 20 of secondary syphilis, 1 of hydrocele, 26 of lumbago, 118 of acute rheumatism, 56 of chronic

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